



CLINICAL DIAGNOSIS REFERRAL FORM

CLIENT INFORMATION

NAME _____
 LAST FIRST MI
 DATE OF BIRTH ____/____/____ GRADE: _____ SEX: ____ MALE ____ FEMALE
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

PARENTS/LEGAL GUARDIAN INFORMATION

FATHER

Name _____
 LAST FIRST MI
 RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)
 ____ PARENT ____ GUARDIAN ____ FOSTER PARENT ____ OTHER
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____-_____ CELL PHONE (____) _____-_____
 EMAIL ADDRESS _____
 PREFERRED METHOD OF CONTACT ____ HOME PHONE ____ CELL PHONE ____ EMAIL

MOTHER

NAME _____
 LAST FIRST MI
 RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)
 ____ PARENT ____ GUARDIAN ____ FOSTER PARENT ____ OTHER
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____-_____ CELL PHONE (____) _____-_____
 EMAIL ADDRESS _____
 PREFERRED METHOD OF CONTACT ____ HOME PHONE ____ CELL PHONE ____ EMAIL

SCHOOL DISTRICT/AGENCY INFORMATION

TYPE OF ORGANIZATION: _____ SCHOOL DISTRICT _____ AGENCY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT _____

PHONE (_____) _____ - _____ FAX (_____) _____ - _____

EMAIL ADDRESS _____

DIAGNOSIS

PLEASE LIST ANY CURRENT/PREVIOUS DIAGNOSES MADE

WHEN WAS THE CURRENT/PREVIOUS DIAGNOSES MADE ____/____/____

WHO MADE THE CURRENT/PREVIOUS DIAGNOSES

DOCTOR'S NAME _____

CLINIC NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____ FAX (_____) _____ - _____

MEDICAL

LIST ANY MEDICATIONS, VITAMINS, OR SUPPLEMENTS THE INDIVIDUAL IS CURRENTLY TAKING
(INCLUDE DOSAGES AND STRENGTHS)

LIST ANY MEDICAL CONCERNS SUCH AS CONSTIPATION OR CHRONIC HEALTH ISSUES

DIET

LIST ANY DIETARY OR EATING/FEEDING CONCERNS FOR THE INDIVIDUAL

PRESENT CONCERNS

REVIEW THESE CONCERNS AND RATE THE SEVERITY USING THE SCALE PROVIDED OR MARK NA.

1= NORMAL- NOT AT ALL 2= BORDERLINE PROBLEM 3= MILD PROBLEM 4= MODERATE PROBLEM
5= MARKED PROBLEM 6= SEVERE PROBLEM 7= MOST EXTREME PROBLEM NA= NOT APPLICABLE

ACADEMIC/VOCATIONAL SKILLS

PRESENT CONCERN	RATING							
ORGANIZATIONAL TASKS ARE SIGNIFICANTLY IMPACTED	1	2	3	4	5	6	7	NA
TIME MANAGEMENT AND LONG-TERM PLANNING ARE A CONCERN	1	2	3	4	5	6	7	NA
READING COMPREHENSION IS BEST AT FACTUAL LEVEL VERSUS UNDERSTANDING THE MAIN IDEA OR INFERENTIAL SKILLS	1	2	3	4	5	6	7	NA
WRITTEN EXPRESSION OR WRITING ARE A CONCERN	1	2	3	4	5	6	7	NA

ADDITIONAL INFORMATION

BEHAVIORAL

<u>PRESENT CONCERN</u>	<u>RATING</u>							
<u>SOLVING PROBLEMS AND NEGOTIATING</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>FOLLOWING INSTRUCTIONS OR RULES</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>GIVING OR RECEIVING HELP</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>RIGID THOUGHTS OR BEHAVIORS</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>DAILY LIVING SKILLS SUCH AS SELF-CARES, HOUSEHOLD TASKS AND DAILY LIVING NEEDS/CARES</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>

ADDITIONAL INFORMATION

COMMUNICATION

<u>PRESENT CONCERN</u>	<u>RATING</u>							
<u>INITIATING WITH OTHERS</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>ASKING QUESTIONS</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>IMMATURE GRAMMAR</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>LANGUAGE IS OFTEN "SELF-FOCUSED"</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>
<u>REPEATS SPECIFIC THEMES/TOPICS IN SPOKEN LANGUAGE</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NA</u>

GROUP PARTICIPATION WITH PEERS 1 2 3 4 5 6 7 NA

UNDERSTANDING "HIDDEN" SOCIAL RULES 1 2 3 4 5 6 7 NA

UNDERSTANDING OPINIONS OR 1 2 3 4 5 6 7 NA
EXPERIENCES OF OTHERS

UNDERSTANDING EMOTIONS OF DATING 1 2 3 4 5 6 7 NA
OR INTERACTIONS WITH A SIGNIFICANT
OTHER

SOCIAL: ADDITIONAL INFORMATION

OTHER CONCERNS

STRENGTHS FOR THIS INDIVIDUAL
