



**CLINICAL DIAGNOSIS
REFERRAL FORM**

RETURN COMPLETED FORMS TO:
BEHAVIOR CARE SPECIALISTS
1105 W. Russell St.
SIOUX FALLS, SD 57104



Behavior Care Specialists, Inc.

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

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

ADDITIONAL INFORMATION

PRESENT CONCERNS (CONTINUED)

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
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COMMUNICATION

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

ADDITIONAL INFORMATION

MOTOR SKILLS (FINE OR GROSS)

PRESENT CONCERN	RATING								
INDIVIDUAL IS CLUMSY OR UNCOORDINATED	1	2	3	4	5	6	7	NA	
PENMANSHIP IS MESSY/ILLEGIBLE OR CONVERSELY OVERLY PERFECTIONISTIC	1	2	3	4	5	6	7	NA	

ADDITIONAL INFORMATION

PRESENT CONCERNS (CONTINUED)

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
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SOCIAL

PRESENT CONCERN	RATING								
LISTENING DURING A CONVERSATION	1	2	3	4	5	6	7	NA	
MAINTAINING EYE CONTACT	1	2	3	4	5	6	7	NA	
PARTICIPATING IN A GROUP	1	2	3	4	5	6	7	NA	
PLAY SKILLS	1	2	3	4	5	6	7	NA	
FRIENDSHIPS ARE SUPERFICIAL	1	2	3	4	5	6	7	NA	
HAS VERY FEW FRIENDS	1	2	3	4	5	6	7	NA	
TEASING/TAUNTING BY PEERS	1	2	3	4	5	6	7	NA	
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 EXPERIENCES OF OTHERS 1 2 3 4 5 6 7 NA

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

ADDITIONAL INFORMATION

OTHER CONCERNS
