



**CHILD & FAMILY HEALING CENTER ONLINE REFERRAL FORM**

Please forward Psychological Evaluation, Psychosexual, Social History, etc) to [umfsreferral@umfs.org](mailto:umfsreferral@umfs.org) or fax, 804-239-1060.

If you do not get a response from us within one hour during regular business hours, please call John Jenks, Centralized admissions coordinator, 804-310-7572.

Today's Date								
Desired Placement Date								
Referred to UMFS before?		Yes				No		
If yes, when?	Date				Service			
Past or Current Services provided by UMFS or another agency?					Yes		No	
If Yes, When?	Date				Service			
Is the client currently in imminent danger or at risk for harming self or others?					Yes		No:	
If yes, please provide details of this behavior:								
Are there any current safety concerns?					Yes		No	
If yes, please describe current safety concerns:								
How did you hear about us?	CSA Directory Current/Former Customer Email Newsletter FAPT Team Newspaper/Magazine			Article Program Brochure Guardian Newsletter Mobile Ads Radio		Sales Presentation Training TV-Commercial UMFS Website Vendor fair/trade show		
Reason for residential level of care:								

Client Information		
Name		
DOB/Age		
Gender	Male	Female
Race/Ethnicity	Am. Indian, Alask. Nat. Asian (Non-Pacific Isl.) Black, African American Hispanic, Latino	Pacific Islander White (Non-Hisp/Latino) Multi-Ethnic/Racial Other
Height/Weight		
Contact at Current Address		
Current Address		
Financial Status (include Financial Assistance & Insurance Coverage)		
Social Insurance # (if available)		
Legal Status-legal standing or custody		
Permanency Plan		
Cultural Issues Requiring Special Service Provision		
Does the Indian Child Welfare Act Apply? If so, Tribal Affiliation		

EDUCATION	
Grade	
Is Child in Special Ed?	
Specific Classroom Needs	
Vocational/Independent Living Needs	

Referral Source	
Custodian/Agency/DSS	
Parent/Worker Name and Phone #	
Address	
Fax	
Email	
Supervisor Name/Phone	
Emergency Contacts/Phone (if any)	

BEHAVIORS			
Current Behaviors	At Home, School, etc.	Frequency	Description of Behavior
Interventions in the past that have been effective in addressing these behaviors:			
Is child on probation? If yes, give PO name, contact info and charges. Can youth be placed in detention for violating probation?			
Other significant behaviors in child's past not noted above			
Is there a Current Risk for These Behaviors? Why or why not?			
Is there a History of Runaway Behavior? If yes, explain			

DSM-IV DIAGNOSIS	
Axis	
I	
II	
III	
IV	
V	
IQ	

CURRENT MEDICATIONS			
Medication	Dosage	Prescribing Physician	Frequency
Is youth compliant with medications?	Yes		If no, please explain:
	No		
Psychiatrist Name and Phone #			

MEDICAL/PHYSICAL			
Allergies			
Overall Health			
Overall Development			
Emergency Health Needs, Medical Conditions, Illnesses or Physical Limitations			
History of Substance Abuse?			
Medical/dental follow-up required?	Yes		If yes, please explain:
	No		

Does child wear braces?	Yes		If yes, please explain:
	No		
Nutritional and Dietary Needs			

PLACEMENT HISTORY		
Placement/Service	Dates	Reason for Move/Termination

STRENGTHS/Needs	
What are the client's strengths, interest, skills and talents?	
Other comments/needs	

FAMILY Relationships	
Parental Involvement?	
Mother's Name	
Father's Name	
Visitation? With whom? Frequency?	
Does visitation need to be supervised?	
Transportation Requirements	
Location of Visitation	
History of Trauma, Family Violence, Abuse, Neglect or Exploitation in the Family or Child's Past (including human trafficking)	
Other Essential Family Members	
Formal & informal Family Support System - Strengths & Resources	
Special Needs or Considerations for Family and their participation in treatment: (one face-to-face therapy session with family per month is required if family is the D/C plan)	
Any Other Relevant Information Necessary to Provide Services	

Form completed by	Name	
	Date	

For more information about the UMFS network of services, please visit our [website](#)

For UMFS use Only

Form Screened by	Name	
	Date	
Screened Recommendations		