TEACHER/SCHOOL REFERRAL FORM FOR THE RED ZONE

Student's Name _____ Grade _____ Date Received _____

Parent/Guardian Name _____ Phone # _____

Referred by: Teacher ____ Parent ____ Self ____ Other ____

Person completing referral and relationship to Student: _____

Reason(s) for Referral- Problems/Concerns related to: (Please check all that apply.)

[ ] Dramatic change in behavior
[ ] Worries
[ ] Daydream/fantasizes
[ ] Grief/death
[ ] Fearful
[ ] Sadness
[ ] Always tired
[ ] Motivation
[ ] Inattentive
[ ] Withdrawn
[ ] Social Skills/friends/peer
[ ] Self-esteem/confidence
[ ] Non-touchable/pulls away
[ ] Nervous/anxious

[ ] Perfectionist
[ ] Aggression/Anger
[ ] Swearing
[ ] Fighting
[ ] Lying
[ ] Bullying
[ ] Disrespectful
[ ] Defiant
[ ] Self-mutualization
[ ] Impulsive
[ ] Over Active
[ ] Easily distracted
[ ] Adjustment/rehomed
[ ] Trauma

[ ] Stealing
[ ] Destruction of Property
[ ] Sexual Acting Out
[ ] Emotional Regulation
[ ] Depressed
[ ] Personal Hygiene
[ ] Family Concerns
[ ] Academics
[ ] Absence
[ ] Tardiness
[ ] Organization
[ ] Completion of Assignments/Homework
[ ] Crisis
[ ] Other_____

Presenting Problem (behaviors, how often, where):

_____
_____
_____
_____

Have you contacted parent/guardian about your concern? **Y/N** Date: _____
Would the parent/guardian like services for their child with The Red Zone? **Y/N** If NO please explain why **:**

_____
_____

Best time/day to contact parent if known:

_____
_____

If applicable: What is the best time to pull student from classroom?

Option #1 _____
Option #2 _____

FOR REDZONE EMPLOYEE USE ONLY

REFERAL CONTACT INFORMATION

Name of QMHS Making Contact: _____
Insurance name: _____
SS#/MIMS#: _____ **DOB**:_____
Insurance approved? Y/N
If Applicable: Who did you refer out to due to not having the appropriate insurance?_____
_____

Contact #1 Outcome (EX: made assessment date, did not want services why or why not, unable to contact, left voicemail, canceled appointment why? ect):
DATE/TIME: _____
OUTCOME:
_____
_____
_____

Contact #2 Outcome:
DATE/TIME:_____
OUTCOME:
_____
_____
_____

Contact #3 Outcome:
DATE/TIME:_____
OUTCOME:
_____
_____
_____

Assessment Date/Time/Location of 1st Appt: _____
_____
Assessment Date/Time/Location of 2nd Appt: _____
_____
Assigned Therapist: _____

FRIENDLY REMINDER CALL TO CONFIRM APPOINTMENT
Date/Time/Contacted

_____
_____
_____