SHORT-TERM OUTPATIENT COUNSELING REFERRAL FORM

Client's Name: _____Age:_____

Parents/ Caregiver Name: _____

Address: _____ Phone Number: _____

Date of Forensic Interview and CAC location: _____

Referring Agency: _____ Phone Number: _____

Contact Person: _____ Date of Referral: _____

Is the child/parent/guardian aware of the referral being made on their behalf? _____ Yes _____ No

Release of information signed? _____Yes _____ No and attached to this referral? _____ Yes _____ No

Services Requested: _____

Client currently receiving counseling and/or medications from another provider? _____ Yes _____ No

If yes, name of provider(s): _____

Reason for Referral _____

_____

_____

_____

_____

_____

Is the parent/caregiver on the National or State of Michigan Sex Offender Registry? _____ Yes _____ No

REFERRAL QUESTIONAIRE

Did the child experience a traumatic event(s)? Briefly explain. _____

_____

Was a disclosure made during the Forensic Interview or elsewhere? _____ Yes _____ No

If so, provide a brief description. _____
_____
_____

Is there a current CPS or criminal case open regarding these allegations? _____ Yes _____ No

If so, what county and name of professionals in the case. _____
_____

Current behaviors displayed by the child:

- ☐ Anger/Aggression
- ☐ Intrusive Thoughts/Nightmares
- ☐ Anxiety/Panic Attacks
- ☐ Depressed Mood
- ☐ Mood Swings
- ☐ Separation/Attachment Problems
- ☐ Cutting/Self Harm
- ☐ Suicidal/Homicidal Concerns
- ☐ Hyperactivity/Hyper-Arousal
- ☐ Sleep Disturbances
- ☐ Sleeping/Eating Changes
- ☐ Sexual Acting Out
- ☐ Risk Taking Behaviors
- ☐ School Problems
- ☐ Enuresis/Encopresis
- ☐ Hallucinations/Delusions

Please e-mail referral to: schoenbergs@sanilacchild.org

Please contact our agency with any questions at 810-648-4172 *Option #2 and #4*

TO BE COMPLETED BY SANILAC CAC STAFF

Does the client meet the criteria to receive counseling services at Sanilac CAC? _____ Yes _____ No

Please explain: _____

CAC Clinical Staff _____

Approved _____ Not Approved _____ Reason: _____