Referral Form

Please fill out to the best of your ability
Completed forms can be emailed to jm.journeyofhope@gmail.com

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE WILL BE KEPT STRICTLY CONFIDENTIAL

Date of Referral:

Client Information

Client Name: **DOB:**

Street Address: **Home Phone:**

City, State, Zip Code: **Cell Phone:**

Gender: Male/Female **Client Age:**

Client Race/Ethnicity:

Referring Agency

Referring Agent Name: **Work Phone:**

Referring Agency: **Email Address:**

Has the referring agency discussed the referral with the client's family? Yes/No

Type of Placement: Court Order Social Service Voluntary Other:

Reason for Referral

Family Information

Name	Relationship to Client	Level of Involvement	Limits to Contact?

Additional Client Details

Hobbies/Interests:

Client Needs:

Client Goals:

Strengths of Client/Family:

Is Client currently enrolled in school? Yes/No **Is youth on an IEP? Yes/No**

Last School Attended: **Grade:**

Client History

Youth's Previous Placements

Year	Reason	Agency/Location

Youth's Previous Offenses

Year	Offense	Outcome

List of prescribed drugs and over-the-counter drugs

Name of Drug	Frequency Taken	Any Reactions Had

Abuse History	☐ Neglect			
	☐ Physical			
	☐ Emotional/Psychological			
	☐ Sexual			
Risk of Harm to Self	Is there a history of cutting or self injurious behavior?			
	Is there a history of suicidal ideation?			
	# of suicide attempts?			
	Current risk of suicide	☐ High	☐ Med	☐ Low

Risk of Harm to Others	History of Sexual Behaviors or Talk?			
	If yes, please describe?			
	Has the youth successfully completed treatment to address the behaviors/talk?			
	History of cruelty to animals?			
	Verbally abusive to others?			
	Physically abusive to others?			
	Gang involvement?			
	Difficulties with peer relationships?			
Run Risk	History of running away?			
	☐ Recent – time gone:	☐ months ago:	☐ years ago:	☐ N/A:
Homelessness	Does the youth have a history of being homeless?			
Drugs / Alcohol	Does youth currently use recreational or street drugs?			
	Does youth currently use alcohol?			
Mental Health	Does the youth have an eating disorder or suspected eating disorder?			
	Does the youth have grief or loss suffering?			
	If so, describe loss and month/season it occurred:			
	Does the youth have difficulty with parental relationships?			
Additional Questions	Lying or Cheating concerns?			
	Does the youth have vision or hearing loss?			
	Does the youth have history of gang involvement?			
	Is there a history or concern of truancy or lack of academic motivation?			
	Does the youth have identity issues?			