# Luzerne Intermediate Unit 18

## Referral Form

▢ CSBBH ▢ Partial ▢ IBHS Individual

**Intake Information:**

Date of Referral: Completed by:

Referral Source (Name/Agency):

**Client's Information:**

Client Name: DOB: Age:

Gender: ○Male ○ Female ○ Other Child's primary language:

Parent/Guardian's Name:

Address:

Phone Number:

**School Information:**

Home District: School:

Grade: Teacher: ▢IEP ▢ Section 504 ▢ Regular Education

**Insurance Information:**

Primary Insurance Provider: Type of Plan:

Subscriber's Name: Subscriber's DOB:

ID Number: Group Number:

Secondary Insurance Provider: Type of Plan:

Subscriber's Name: Subscriber's DOB:

ID Number: Group Number:

**Previous Mental Health Services:**

**Presenting Behaviors:**

**Specific Areas of Concern:** ***(Please check all that apply)***

| | | |
|---|---|---|
| Easily Distracted ☐ | Task refusal ☐ | Excessive absenteeism ☐ |
| Disrespectful behaviors ☐ | Argumentative ☐ | Sleeping in class ☐ |
| Attention seeking behaviors ☐ | Anger outburst ☐ | Physically aggressive ☐ |
| Verbally aggressive ☐ | Mood swings ☐ | Destruction of property ☐ |
| Rule breaking ☐ | Elopement from school ☐ | Elopement from home ☐ |
| Stealing ☐ | Disruptive behaviors ☐ | Depressed mood ☐ |
| Crying often ☐ | Isolation from others ☐ | Recent withdrawal from peers ☐ |
| Poor/deteriorated hygiene ☐ | Anxious mood ☐ | Self-harming ☐ |
| Suicidal statements ☐ | Sudden change in mood ☐ | Bullied by others ☐ |
| Slipping grades ☐ | Death of family/friend ☐ | Parents divorced/separated ☐ |
| Out-of-home placement ☐ | Suspected substance abuse ☐ | Other: |

**Please Forward Referrals to:**

Luzerne Intermediate Unit 18
368 Tioga Avenue, Kingston, PA 18704
Fax: 570-287-5721
**CSBBH Team Only: Forward to Guidance**

Save Print Reset

**LIU Staff Only:**

**Actions taken after referral was received:** *(referred to LIU program, referred to other agency, offered family resources, etc)*