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| Cottonwood Main Location8E Cottonwood St. Cottonwood, AZ 86326 877-634-7333Fax: 866-984-3891 |

SCHOOL Referral for Spectrum Healthcare Integrated Services

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| **REFERRAL INFORMATION** |
| Date of Referral |  |
| Name of School and District |  |
| School Personnel Making Referral |  |
| Relationship to Client |  |
| Contact Phone |  |
| Contact Email |  |
| **STUDENT/CLIENT INFORMATION** |
| Student Legal Name/Preferred Name if applicable |  |
|  Student Phone Number |  | Date of Birth  |  |
| Assigned Birth Gender and/or preferred gender pronoun if applicable |  |
| Student E-mail |  |
| Primary LanguageSecondary Language |  |
| A. Parent/Guardian Name |  |
| A. Phone Number/email |  |
| B. Parent/Guardian Name |  |
| B. Phone Number/email |  |
| Address of Student Residency |  |
| **REASON FOR BEHAVIORAL HEALTH SERVICES REFERRAL** |
| *Briefly describe any challenges or difficulties the student has been experiencing over the last 3 months:* *What interventions have been tried in the last 3 months?*  |
| **EMAIL COMPLETED FORM TO referrals@spectrumhg.org** |
| **INTERNAL SHG USE ONLY** |
| Date Received |  |
| Outreach | 1st 2nd 3rd |
| Intake Date |  |