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| --- |
|  Child/Adolescent Information |
| **Name** | **DOB** | **Gender: M or F F** | **SS#** |
| **Address** | **City** | **County** | **Zip** |
| **Parent/Guardian Signature**  | **Print Parent/Guardian’s Name**  | **Primary Language: (Circle One)****English Spanish Other** |
| **Home Telephone Number** | **Alternative Contact Number** |
| **Guardian (please select one):****🞎 Biological parent 🞎 Biological Grandparent****🞎 Biological Aunt/Uncle 🞎 Biological adult sibling** | **🞎 CPS****🞎 Foster Parent**  | **Guardian’s Marital Status (please select one):****🞎 Single 🞎 Married 🞎 Divorced 🞎 Separated**  |
| **Reason for Non-Crisis Referral:** | **Grade:** | **School Name:** |
| ***Insurance Information*** |
| **Type of Insurance: (Please Circle One)** **PLEASE NOTE**At this time we are only accepting Medicaid or No Insurance(We are unable to accept CHIP or Private Insurance) **Medicaid No Insurance** **Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Medicaid ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **For Mental Health Emergencies, you may call our Crisis Unit:** **N**europsychiatric Center (NPC) at (713) 970-3800 (open 24 hours a day)  |
| ***Problem Areas*** |
| * Withdrawn / Depressed Behavior
* Sleeping Difficulties
* Eating Problems
* Worrying /Anxious
* Poor Attention Span
* Impulsive
* Poor School Performance
* Easily Angered or Irritable
* Stealing, Lying, Cheating (Circle Applicable)
* Disrespectful or Argumentative
 | * Disrespectful / Argumentative (Circle Applicable)
* Substance Abuse
* Self-Destructive
* Fire Setting / Property Destruction (Circle Applicable)
* Hallucinations / Delusions (Circle Applicable)
* Violence or Cruelty to Animals
* Verbally / Physically Aggressive (Circle Applicable)
* Strained Family Relationships
* Deteriorating Classroom Behavior
* Other (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 |
| ***Requesting Screening for the Following:*** |
| * Information & Referral 🞎 Assessment
 | * Individual or Family Counseling
 |

**Referral Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***2/28/2018 NF***