

## THERAPEUTIC BEHAVIORAL SERVICES REFERRAL

Client Name	Medi-Cal No	Date
Client Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Current Placement (or family) Address		
Parent/Caretaker Name	Parent/Caretaker Phone	
<input type="checkbox"/> Family Home <input type="checkbox"/> Residential Placement (RCL Level____) <input type="checkbox"/> Juvenile Hall <input type="checkbox"/> Other (Specify _____)		
Referring Party	Title	Phone

Is child/youth a full scope Medi-Cal beneficiary under age 21?  Yes  No

Please list client's current Axis I diagnosis:

Check here if Mental Health Assessment was completed in past year (please attach or indicate any recent data; it is not necessary to repeat information from prior assessment)

Which of the following conditions have been met? (please check)

- At least one emergency psychiatric hospitalization relate to current presenting disability within the past 24 months
- Currently placed in a level 12 or above group home for mental health needs
- Being considered for placement in a level 12 or above group home by San Bernardino County
- Previously received Therapeutic Behavioral Services (TBS) through Medi-Cal and San Bernardino County

Which is highly likely to occur, without additional support? (please check)

- Child/youth may need higher level of residential care or acute care
- Child/youth may not successfully transition to a lower level of care

What mental health services is the client currently receiving?  None

List other involved agencies.

Agency	Contact Person	Phone Number

What are the specific problem behaviors jeopardizing current living situation?

Describe alternative approaches that have been tried:

Are there any specific needs with regard to the TBS coach's language, culture or gender?

**A SIGNED RELEASE OF INFORMATION MUST ACCOMPANY REFERRAL.**

**Fax referral packet to Marsha Mathews, MFT, Mental Health Systems, Inc. at (909) 433-0556 or mail to 1430 E. Cooley Dr. Ste 240, Colton, CA. 92324**

Mental Health Systems, Inc.  
Therapeutic Behavioral Services  
Referral Form

Confidential Patient Information

See W&I Code 5328

(09/2005)

NAME:

CHART NO.:

DOB:

PROGRAM: