| **Family Support Services of the Bay Area** | **401 Grand Ave, Oakland 94610** |
|---|---|
| **GUS Program** | **510 834 4006 x3052** |
| **Community Referral** | **510 834 4010 Fax** |

## Identifying Information

Client Name: _____

Person making referral: _____

| Age: | Birth Date: / / |
|---|---|
| Ethnicity: | Gender: ☐ Male ☐ Female |
| Language: Primary: ☐ English ☐ Spanish Other:<br>Secondary: ☐ English ☐ Spanish Other: | |
| Address:<br>City:<br>Zipcode + | Client Soc. Sec. #: - -<br>Medi-Cal #: |
| Parent / Legal Guardian: | Phone: |

Current Grade: Not in school ☐ Pre-K ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Physician: _____ Phone:

Therapist: _____ Phone:

Other Provider: _____ Phone:

## Presenting Situation / Reason for Referral:

*What are you seeing or hearing that leads you to make this referral?*

**Behaviors / symptoms** *Check all that apply; include comments.*

☐ **Problems with sleeping, eating or eliminating**

Comments:

☐ **Problems with school**

(*such as attendance, grades, focus, follow-through on requests*)

Comments:

☐ **Problems with family**

(*such as frequent fighting with siblings, not following rules, arguing with adults, demanding or not coming home when expected*)

Comments:

☐ **Problems with social activities**

(*such as fighting, not getting along, isolating self or problems making and keeping friends*)

Comments:

☐ **Problems with physical health** *(current or in the past)*

(*Include asthma and allergies*)

**Comments:**

☐ **Known developmental issues**

(*such as substantially below developmental age norm in height or weight, or drug-exposed in-utero to drugs, alcohol, tobacco*)

Comments:

☐ **Problems with mood or affect**
(*such as crying, anger, fears or anxiousness*)
Comments:

☐ **Problems with activity level**
(*such as hyperactivity, lack of activity, easily over stimulated)*
Comments:

☐ **Problems with conduct**
*(such as stealing, running away, lying,, having or using a weapon or destruction of property)*
Comments:

☐ **Welfare of Child Problems**
(housing, economics, legal issues)
Comments:

## Caregiver Information

1. What are caregiver's concerns?

2. What does caregiver want to change or see happen differently than what is happening now?

3. What type of therapy is caregiver looking for?:
   ☐ Individual, ☐ Family, ☐ Parent/Child (Dyadic –for child 0-5 y/o) ☐ Ind. and Fam.
   Other services requested: ☐

=================================================================

Name: ____________________________________ Date: ________________

Signature: ____________________________________

**<u>Is a Release of Information Included?</u>** ☐ Yes ☐ No