**Presenting Concerns:**

- Does the client have a current DSM V diagnosis (diagnosed within the last year)?  [ ] Yes  [ ] No

  If yes, please list diagnosis and date / source of data.
  
  Primary
  Secondary
  Tertiary

  Date: ___________________________ Source of Data: __________________________________________

**Please attach a copy of the most current Diagnostic Assessment and any other psychological evaluations or recent hospitalization records.**

- Describe and attach documentation which supports a major impairment in as many of the following areas as possible:
  - Academic Functioning
  - Family Relationships
  - Community / Legal Issues
  - Thinking / Mood
  - Peer / Job Relationships

**Chemical History**

- Description of Use: ____________________________________________________________
- Duration of Use: ________________________________________________________________
- List of Interventions Used in the Past: ____________________________________________

- Is this client currently in a Special Education Program?  [ ] Yes  [ ] No
If yes, how long? _____________________________ At what level: _____________________________  
Number of contact hours: _______________ Area of disability: _____________________________  
Current Full Scale IQ: _____________________________

Attach IEP Evaluation (not the plan) or any data which describes specific services, goals, etc.

♦ Is the client’s home school /outside services aware of this referral?  
☐ Yes  ☐ No

♦ List interventions, which have been attempted to address this client's concerns along with the results of these interventions (i.e., Special Education, medication, therapeutic, legal and or community interventions)

♦ Please list the current providers that the client is involved with:

♦ Is the child and the parent / guardian willing to participate in a treatment program including family therapy?  
☐ Yes  ☐ No

♦ Transportation is not provided by People Incorporated-Does the school district offer transportation?  
☐ Yes  ☐ No

♦ Attach a copy of the release of information forms between the parent/agency and People Incorporated with all other relevant data and fax to 763-515-2442 or mail to: People Incorporated, 5555 Boone Ave N, New Hope, MN  55428. Attn: Day Tx Referral

For PI Use

Date Received:_______________________
Outcome:____________________________
Date parent/referral source contacted: ________________________________