PEOPLE INCORPORATED
K-12 DAY TREATMENT REFERRAL FORM

Client Name: _____ **Date:** _____

Birthdate:	**Age:**	**Grade:**	
Insurance Plan:			**Policy :**
Parent/Guardian:			**Phone:** ( ) -
Address:			
School:			**Phone:** ( ) -
School Contact:			**Phone:** ( ) -
County Worker or Case Manager:			**Phone:** ( ) -
Person to Contact for Intake Interview:			**Phone:** ( ) -
Referred by:		**Contact Information:**	

- **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: _____