

ROGERS COUNTY YOUTH SERVICES

Referral Form

All services are free of charge

Client Name: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Age: _____ Name of client's school: _____ Grade: _____ Currently attending? Y N

DOB: _____ Sex: Male Female

Race: American Indian/Tribe: _____ Asian Black/African American Hispanic/Latino White
Native Hawaiian/Pacific Islander

Information about Guardian(s):

1) Name: _____ Relationship to Child: _____
Phone #: _____ Email: _____
____ Primary Contact ____ Secondary Contact ____ Do not Contact Other: _____

2) Name: _____ Relationship to Child: _____
Phone #: _____ Email: _____
____ Primary Contact ____ Secondary Contact ____ Do not Contact Other: _____

Please note that documentation will be required to prove the legal right to sign the client up for services with RCYS. This could be legal documentation or notarized documentation from a bio parent giving permission for you to sign paperwork to enroll the client for services

Primary Reason for Referral:

Aggressive Behavior Change in Appetite Anxiety Crying Spells Suicidal Thoughts Homicidal Thoughts Anger
 Excessive Worry Nightmares Social Withdrawal/Isolation Parenting Behavioral Self-Harm Trauma
 Other: _____

Referral source: _____ Contact number: _____

Relationship to child: _____

Referred for:

Individual Counseling Family Counseling Love and Logic Parenting Class Family Academy (FTOP)
 Consultation Parenting through Divorce Other: _____

OFFICE USE ONLY

Assigned to _____ on _____
Counselor Date

First Appointment Scheduled for: _____ Placed on Waiting List Referred to: _____

Referral source notified of first appointment: _____
Date Time

Contact Notes:

Date: _____
Date: _____
Date: _____
Date: _____

Note: _____