B.Y.R.D House
Behavioral Youth Resource Development

BEAT THE STREET
EMPOWERING YOUTH TO SUCCEED

Byrd House
"In a Baby, out a Lady"

Services Referral Form

Date _____ Services needed: _____ In-Home _____ Outpatient In Office

Type: _____ Respite _____ Family Support & Training _____ Wrap Around Unskilled

____ Consultative / Clinical /Therapeutic Other _____

Estimated number of hours per week services are needed _____ Estimated Duration _____

Are services covered by insurance or Medicaid? Yes (plan _____) No Unsure

Referred by _____ Title _____ Agency _____

Telephone: _____ Office _____ Cell

Client Name _____Gender: M F DOB _____

Child Social Security Number _____

Parent/Guardian Name (if minor) _____

Current Address _____ City _____ ST _____ Zip _____

Current Phone: _____ Alternate Phone: _____

Child Resides With: □ Parent/Guardian □ Foster Parent □ Other _____

Contact Person Information: Name: _____ Telephone: _____

Please indicate all current professional services client is receiving:			
Service	√	**Contact Person**	**Phone Number**
Psychiatrist / Med. Services			
Case Management			
Children's Division (DFCS)			
Juvenile Court			
Adult Court			
Probation			
School Counselor			
Social Worker			
Resource Specialist			
Therapy			
Other (please specify)			
Other (please specify)			

Please describe presenting problem (s) and identified needs:_____
_____
_____
_____

Please list expected outcomes: _____
_____
_____

Other significant notes for clinician: _____
_____
_____

Diagnosis (if applicable): Axis I _____ Axis II _____ Axis III _____
Axis IV _____ Axis V _____

Prescribed Medications	Dosage	Frequency

Problematic/Risk Behaviors at Home/School – Please Check

	Aggression to Self		Peer Problems
	Aggression to Others		Sibling Problems
	Destruction of Property		Parent Problems
	Oppositional Behavior		Fire Setting
	Tantrums		History of Abuse
	Truancy		Substance Abuse
	Running Away		Other:
	Other:		Other:
	Other:		Other:

Education

School: _____ _____ Grade: _____

Address: _____

Telephone: _____

☐ Public / Mainstream ☐ Special Education IQ _____ Disability Code _____

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