

Chino Valley Unified School District Behavioral Health Center

12970 Third Street, Chino, CA 91710 • (909) 628-1201 Ext. 8969 • (909) 548-6046 FAX



Referral for Behavioral Health Services

County _____ Penelope ☐ Intake Log ☐ SE ☐ Yes ☐ No

Medical Eligible ☐ Yes ☐ No

Date Rec _____

Medi-Cal Benefit ID # _____

Referred by: _____ Phone #: _____ Date: _____

Client/Student

Name: _____ Age: _____ Sex: _____ Grade: _____

Social Security # _____

OR Medi-Cal ID # _____ DOB: _____

School: _____ Teacher: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

CONSENT TO EXCHANGE CONFIDENTIAL/PRIVILEGED INFORMATION

I authorize the Chino Valley Unified School District and the Chino Valley Unified School District Behavioral Health Center to exchange confidential/privileged information, including information regarding mental health treatment, in order to develop and implement a service plan for _____.

(client/student name)

This authorization is limited to the following specific types of information:

- ☐ All records without exception
- ☐ Scheduling and treatment attendance information
- ☐ Diagnosis/Assessment information
- ☐ Treatment Plan
- ☐ Treatment Summary
- ☐ Social History
- ☐ Other: _____

This authorization is further limited in the following manner:

RESTRICTION: I understand that the parties to this release may no further use or disclose the exchanged information unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law.

DURATION: This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance herein, and if not earlier, it shall terminate, without express revocation on:

(Date, Event or Condition)

I understand that I have a right to refuse to sign, or to limit the scope of, this consent form, I have read this consent carefully and have had all my questions answered. I understand that I am entitled to receive a copy of this consent form.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Agency, i.e. DCS, Probation Signature: _____

Date: _____ Administrator Signature: _____ Title: _____

CONFIDENTIAL CLIENT INFORMATION

See Welfare & Institutions Code section 5328, 10850 and 18968.46; Civil Code sections 56; 42 CFR 2.31, 2.33 and 2.35; Education Code section 49075; Evidence Code section 900 - 1070 and Health & Safety Code section 123100.

Revised 2/15/13



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Medi-Cal Behavioral Health Services Referral Checklist

Client/Student Name: _____ Teacher: _____

Date: _____ Grade: _____ School: _____

Students often exhibit behaviors or changes on behavior that cause concern among school personnel. This checklist may be used as a guide to help determine if a mental health referral is appropriate for a student and their family. If indicators from this checklist persist following standard teacher initiated and school based interventions, consider a referral for mental health services.

Behavioral Indicators

- ☐ Abusive Language
- ☐ Argumentative/Defiant
- ☐ Attention Seeking
- ☐ Class Clown
- ☐ Destruction of Property
- ☐ Inappropriate Display of Affection with peers/teachers. i.e.: _____

- ☐ Disruptive
- ☐ Hyperactive
- ☐ Threatening. i.e. _____

- ☐ Stealing
- ☐ Dishonesty
- ☐ Cheating
- ☐ Absences, Tardiness
- ☐ Constantly leaving Classroom
- ☐ On Probation

Academic Indicators

- ☐ Deterioration in Academic Performance
- ☐ Poor effort
- ☐ Poor Motivation
- ☐ Incomplete Work
- ☐ Motor Coordination below Peers
- ☐ Giving up easily

Family/Environment Indicators

- ☐ Mentions Abuse
- ☐ Other siblings exhibit problems
- ☐ Speaks angrily of parents
- ☐ Suffered recent loss (move, divorce death. etc.)
- ☐ Other difficulties in family (financial health, separation. etc.)
- ☐ Substance abuse by parents, significant others
- ☐ Other problematic behaviors reported by parents
- ☐ Hx or recent removal from home
- ☐ CPS involvement

Emotional Indicators

- ☐ Defensive
- ☐ Overly Responsible
- ☐ Irritable
- ☐ Paranoid (feels picked on persecuted, watched. etc.)
- ☐ Hysterics (excessive crying)
- ☐ Uncontrollable or Excessive Giggling
- ☐ Bladder or Bowel Accidents
- ☐ Mood Swings
- ☐ Withdrawn
- ☐ Falls Asleep
- ☐ Lethargic
- ☐ Isolated from peers/target of teasing

Please describe the behaviors and attitudes that are causing concern:

What would you like to see changed? What goals would you like to see achieved?

Is there any history of past abuse, family violence, divorce or other trauma that you are aware of?

Current Chino Human Services Provided? ☐ Yes ☐ No

Action Take Previously:

Other Information We May Need To Know:

Completed By: _____ Date: _____
Title: _____