



# Teen Health Center, Inc.

P.O. Box 925, Galveston, TX 77553

Mental Health Team Phone: 409.766-5713 FAX: 409.765.5026 WEBSITE: www.teenhealthcenter.org

## REFERRAL SOURCE

Date: \_\_\_\_\_ Name of Referring Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

If not the parent, I have contacted the parent/guardian and discussed the situation concerning the student below: YES or NO (OR)

I am the parent/guardian of the student/patient below: YES or NO

## STUDENT INFORMATION

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex Assigned at Birth:  Male  Female Gender Identity (optional): \_\_\_\_\_

Hispanic/Latino:  Yes  No

Race:  White  Black  Asian  Native American  Pacific Islander  Biracial  Other

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Language Spoken in Home:  English  Spanish  Other(Specify) \_\_\_\_\_

## REASON FOR REFERRAL

Please describe the nature of the problem, or the reason you are seeking care for this individual.

If you think this individual is in danger of hurting themselves or others please call 911, go to the nearest Emergency Room, Call Gulf Coast Center Crisis Hotline 1-866-729-3848, and/or Call the National Suicide Prevention Hotline at 1-800-273-8255. CONFIDENTIAL: This communication contains confidential information. If you receive this in error, please destroy immediately. Revised 08/16/2021

### FOR INTERNAL USE ONLY

Handled by: \_\_\_\_\_

Assigned to: \_\_\_\_\_

THERAPY  PSY  BP

DATA: \_\_\_\_\_

Crisis Information given to Referral Source.