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School-Based Health Centers  
Hazelwood School District  
Jennings School District  
Ritenour School District  
Riverview Gardens School District

www.carestlhealth.org

## School-Based Behavioral Health Referral Form For School District Use Only

### Student Information

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

School: \_\_\_\_\_ Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Does student currently receive counseling services from another provider?  Y  N If yes, student is unable to receive services at this time.

Has parent/legal guardian been informed of the presiding issue and that a referral has been made?  Y  N If no, provide reason for no contact:

### Reason for Referral

- |  |  |
|--|--|
| <input type="checkbox"/> Behavior difficulties at school | <input type="checkbox"/> Family concerns                       |
| <input type="checkbox"/> Mental health diagnosis         | <input type="checkbox"/> Recent loss due to death (who/when)   |
| <input type="checkbox"/> Social concerns                 | <input type="checkbox"/> Recent loss due to divorce/separation |

### Check the specific areas of concern (all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> depressed mood              | <input type="checkbox"/> self-harm                   | <input type="checkbox"/> defiance                          |
| <input type="checkbox"/> anxious mood                | <input type="checkbox"/> recent suicide attempt (s)  | <input type="checkbox"/> anger outbursts                   |
| <input type="checkbox"/> sudden change in mood       | <input type="checkbox"/> suicidal ideation           | <input type="checkbox"/> aggression                        |
| <input type="checkbox"/> disruptive behaviors        | <input type="checkbox"/> sexual behavior             | <input type="checkbox"/> destruction of property           |
| <input type="checkbox"/> attention-seeking behaviors | <input type="checkbox"/> sleeping in class           | <input type="checkbox"/> isolates from peers               |
| <input type="checkbox"/> crying/tearfulness          | <input type="checkbox"/> refusal to work             | <input type="checkbox"/> bullied by others/bullying others |
| <input type="checkbox"/> excessive tardiness         | <input type="checkbox"/> excessive dislike of school | <input type="checkbox"/> peers share concern               |
| <input type="checkbox"/> excessive absenteeism       | <input type="checkbox"/> declining grades            | <input type="checkbox"/> other _____                       |

Brief description of specific concern (s): \_\_\_\_\_

### Interventions Attempted Prior to Referral

- |   |  |
|---|--|
| <input type="checkbox"/> Conference with student              | <input type="checkbox"/> Conference with parent              |
| <input type="checkbox"/> Refer to principal, counselor, nurse | <input type="checkbox"/> Time out                            |
| <input type="checkbox"/> SSD services                         | <input type="checkbox"/> Talk to previous teacher/specialist |
| <input type="checkbox"/> Progress reports                     | <input type="checkbox"/> Suspension                          |

### Existing Support Services

- |  |
|--|
| <input type="checkbox"/> Individualized education plan |
| <input type="checkbox"/> Behavior intervention plan    |
| <input type="checkbox"/> 504 plan                      |
| <input type="checkbox"/> Other _____                   |

Additional comments and/or caretaker concerns (e.g. existing diagnosis/medications, current/previous services with psychiatrist, etc.): \_\_\_\_\_

Please complete and attach the Strengths & Difficulties Questionnaires completed by staff and caretaker. All referral information must be completed and additional documents must be submitted for processing.

Any questions, comments, or concerns, please contact CareSTL Health School Based Health Services by

phone 314.882.1284 or email: [schoolbased@carestlhealth.org](mailto:schoolbased@carestlhealth.org)