

**PALOMAR FAMILY COUNSELING SERVICE, INC
CONFIDENTIAL REFERRAL FORM**

FAX TO: (760) 741-2647

Phone: (760) 741-2660

School/Site: _____ **Date:** _____

Referring Party: _____ **Teacher** **Counselor** **Other** _____

Phone: _____ **Ext:** _____ **Fax:** _____

STUDENT INFORMATION

Student: _____ **Date of Birth:** _____

M / F (please circle) **Ethnicity:** _____ **Grade:** _____ **Teacher:** _____

Social Security Number: _____ **Type of Insurance:** _____

Does the Student have Medi-Cal YES NO **Medi-Cal/ BIC #** _____

Parent's Name: _____

Address: _____

Phone Number: _____ **Other Number:** _____

Does the parent speak English? YES NO **If NO: Primary Language** _____

Has the family given consent for Palomar Family Counseling Service to contact them? YES NO

REASONS FOR REFERRAL

- | | | |
|---|---|--|
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Academic Concern | <input type="checkbox"/> Family Issues |
| <input type="checkbox"/> Depressed, isolates, moody | <input type="checkbox"/> Behavioral Concern | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Anxious, social concerns | <input type="checkbox"/> Emotional Concern | <input type="checkbox"/> Anger issues |

Comments/Concerns: _____

**PERMISSION FOR COUNSELING AT SCHOOL/SITE BASED PROGRAMS
RELEASE AND EXCHANGE OF INFORMATION**

I give permission for my child to participate in a PFCS school/site-based program. This permission and release of information remains effective for one year or until rescinded by the parent/guardian.

I give permission to Palomar Family Counseling Service, Inc. to release information regarding

_____ to _____
(student) (school/site)

I give permission to _____ to release information regarding
(school/site)

_____ to Palomar Family Counseling Service Inc.
(student)

I understand that this information may include consultation with the appropriate school personnel, confidential pre/post test if necessary, as well as access to the student's records. This information will be used in a confidential and professional manner in the best interest of the student.

Signed: _____ **Print Name:** _____ **Date:** _____
(parent/guardian)

Date received by PFCS Staff: _____ **Program Assigned:** _____