

St. Lawrence County Mental Health Clinic

80 State Highway 310, Suite 1, Canton, NY 13617

Phone: 315-386-2167 Fax: 315-386-2435

Referral Form: CHILD/YOUTH

Referral Date:	Case #:
Child's Name:	Date of Birth: Age:
Address:	Child's SS#:
	Gender:
Parent/Guardian:	Any custody issues? Yes No If yes, who has custody?
Address:	Current Living Arrangements:
Phone:	Current DSS involvement: Yes No
(Is it ok to leave a message?) Yes No	
School:	Grade:
Special Education Services:	Past Mental Health Treatment? Yes No If yes, Where?
Primary care doctor/pediatrician:	If yes, When?
Insurance info:	Medicare: yes no
Medicaid: yes no Medicaid Number:	

Who referred you to this clinic? Self Other: Reason for referral:
What symptoms are you experiencing? What would you like to be different by coming for treatment?
Current suicidal thoughts: yes no Recent suicidal thoughts: yes no
Any previous suicidal attempts: yes no
Current medications: Prescribed by:

<b>FOR OFFICE USE ONLY</b>		
Date of appointment:	time:	with:
Date confirmed:	by:	

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Difficulty sleeping?	Yes no	Appetite changes?	Yes no
Weight changes?	Loss Gain		
Anxiety?	Yes no	Panic attacks?	Yes no
Alcohol/drug usage:		Legal/court issues:	
DSS involvement: yes no	If yes, who is the worker:		

Please describe your child's current problems and/or functioning:

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What is going well for your child right now?

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Additional information:

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Due to the volume of need for services, you may be required to wait for an appointment. In this time, if your child's symptoms or situation changes, please call the clinic and inform us.