

CURRENT LEGAL DOCUMENTATION

Please provide a copy of the legal document (if applicable) when submitting this Request for Services.

Do any of the following apply to the youth? (check all that apply)

- Family Court/Parenting Plan
- Letters of Guardianship
- Power of Attorney
- Advanced Directives for Psychiatric Care
- Medical and Education Authorization Order
- Protection Order
- Less Restrictive Alternative (LRA) or Conditional release (CR)
- Under department of corrections (DOC) supervision
- Under civil or criminal court ordered mental health or chemical dependency treatment
- Placement Letter
- Other _____

EDUCATION

Please provide a copy of the youth's Individualized Education Plan (IEP) or 504 Plan (if applicable) to the first appointment.

Current School Name (where enrolled):

Current Grade Level:

BEHAVIORAL HEALTH INFORMATION

Current mental health diagnosis (if known)?

Currently taking any prescribed psychiatric medications? Yes No

If yes, please bring a list of your psychiatric medications to the first appointment.

Reason for requesting mental health services?

SYMPTOMS OR AREAS THAT MAY BE OF CONCERN? (check all that apply)

- Suicidal thoughts or behaviors
- Homicidal thoughts or behaviors
- Self-harming behaviors
- Aggressive/violent behaviors
- Impulsive behaviors
- Hallucinations
- Sleep concerns
- Appetite concerns
- Past or present alcohol/drug use
- School, work, etc. concerns
- Other _____

Explanation/Comments:

If you are in emergent crisis and need to talk to someone now ***Family Services reception at 360-716-4400 (during normal operating hours), or the Volunteers of America 24 Hour Crisis Line at 1-800-584-3578.***

CLEAR FORM

PRINT

FOR OFFICE USE ONLY

Request Received	Date:	Staff Initials:	Therapist Assigned	Date:	Staff Initials:
Transcribed into Epic	Date:	Staff Initials:		Therapist Name:	
Scanned into Epic	Date:	Staff Initials:			