East County Behavioral Health Clinic
1870 Cordell Court, Suite 101
El Cajon, CA 92020
Phone: 619.448.9700
Fax: 619.448.9711
Website: www.sdyouthservices.org

Referral Form

Number of people in household: _____
Estimated monthly income: _____
City & state youth born: _____
Youth's ethnicity: _____

SAN DIEGO YOUTH SERVICES
Building futures for at-risk youth

Please fax completed form to our clinic at the number listed above (no cover sheet necessary). If you have any questions about our services, please refer to our brochure or contact our clinic.

Potential Clients Info	Legal Last Name	Legal First	Legal Middle	Sex	Preferred Language
	Address		Phone Number(s)		Ok to leave VM?
	Social Security #		Date of Birth		Age
	School Name				Grade
	Please select applicable coverage potential client has: ☑ Medi-Cal Policy ID:_____ ☐ Other Coverage Name of Insurance:_____ Policy ID:_____ ☐ No Coverage				
Parent / Legal Guardian Info	Legal Last Name	Legal First	Preferred Language	Email Address	
	Address ☐ Same as potential client		Relationship to Client	Phone Number(s)	
	Legal Last Name	Legal First	Preferred Language	Email Address	
	Address ☐ Same as potential client		Relationship to Client	Phone Number(s)	
Referral Info and Consents	Potential client interested in receiving services? ☐Yes ☐No Parent / legal guardian interested in participating in services? ☐Yes ☐No				
	Reason for referral / additional information: Lost her dad almost 4 years ago. She has anxiety.				
	Please check appropriate behavioral symptoms: ☐angry ☐argumentative ☐depressed ☐irritable ☐sad ☐anxious ☐threat to others ☐threat to self ☐self-injury ☐learning disability ☐inattentive ☐disruptive ☐declining grades ☐truancy ☐low self-esteem ☐social problems ☐withdrawn/isolates ☐health issues ☐alcohol/substance abuse ☐gang affiliated ☐runaway ☐death of a family member ☐divorce/separation ☐probation/legal issues				
	Referring person's Name / Organization / Phone / Email:				
	Date of Referral:				
	Potential client's signature and date:				
	Parent's / legal guardian's signature and date:				

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO