

**Southeast Center of Excellence**  
**REFERRAL CHECKLIST**

\*Include as many of the following pieces of information as possible with the referral. Fax documents to **423-490-0410**. Please keep in mind that all records must be received by the SECOE prior to scheduling an intake appointment.

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

- \_\_\_\_\_ **Completed SECOE Referral Form**
- \_\_\_\_\_ **Court Order of Custody**
- \_\_\_\_\_ **Copy of Insurance Card**
- \_\_\_\_\_ **Social History or Non-Custodial Assessment**
- \_\_\_\_\_ **CANS Summary Report**
- \_\_\_\_\_ **Family Functional Assessment**
- \_\_\_\_\_ **Family Permanency Plan**
- \_\_\_\_\_ **Placement History with dates (include all foster home placements)**
- \_\_\_\_\_ **Staffing Summary / Notice of Action (most recent)/CFTM**
- \_\_\_\_\_ **MEDICAL – most recent EPSD&T Screen, EPSD&T Follow-ups**
- \_\_\_\_\_ **Serious Incident Reports**

\_\_\_\_\_ **RELEASES OF INFORMATION for EACH of the following:**  
**(Must be filled out completely and signed by a witness to be valid.**  
**Incomplete forms will have to be returned to you.)**

- **DCS**
- **PCP and Medical Specialist if applicable**
- **All previous and/or current treatment providers**
- **All previous and/or current hospitalizations**
- **All previous and/or current residential providers**
- **All previous specialized evaluators (such as those that completed psychosexual/neurological screenings)**
- **School, specifying the County Department of Education**

**SECOE Referral Checklist Continuation**

**We will be requesting the following records via the releases. Any assistance in obtaining the following will help with the referral's timeliness.**

- PCP/Medical Specialist – Physical Exam, Progress Notes (6 months)**
- Psychological Evaluations - All**
- Psycho-educational Evaluations – All**
- Specialized Evaluations: Psychiatric Eval and Progress Notes, Alcohol and Drug Assessments, Psychosexual Exam and Risk Assessment, Neurological and Neuropsychological Evaluations**
- Therapist Intake and Progress Notes (last 6 months)**
- Psychiatric Hospitalization(s) - Intakes and Discharge Summaries**
- Current/Past Residential Provider(s) - Progress notes, Discharge Summaries, and Incident Reports**
- School – grades, discipline reports, IEP, testing**