

**SOUTHEAST CENTER OF EXCELLENCE  
REFERRAL FORM**

**REFERRED BY:** \_\_\_\_\_

**DATE OF REFERRAL:** \_\_\_\_\_ *(One form per child)* **(PLEASE TYPE OR PRINT)**

**Child:** \_\_\_\_\_  
Full Legal Name of Client (First) (Middle) (Last Name) Alias, if applicable

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ Gender:  Male  Female

**Race:** Caucasian African American Hispanic Asian/Pacific Islander Other

**Insurance:** TennCare \_\_\_\_\_ Private \_\_\_\_\_ No Ins.

**Home County:** \_\_\_\_\_ **Name of Current Case Manager:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Work Ph #:** (\_\_\_\_\_) \_\_\_\_\_

**Fax #:** (\_\_\_\_\_) \_\_\_\_\_ **Cell #:** (\_\_\_\_\_) \_\_\_\_\_

**Team Leader:** \_\_\_\_\_ **Ph #:** (\_\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Is child in custody?** Yes No **Date entered Custody:** \_\_\_\_\_

If not in custody, is there a high risk of removal? Yes No **Why:** \_\_\_\_\_

If noncustodial, describe current and past prevention programs, if applicable: \_\_\_\_\_

**Legal Issues:** \_\_\_\_\_

**Pending Court Date(s):** \_\_\_\_\_ **Type of Hearing (Purpose)** \_\_\_\_\_

**Name of Attorney or GAL:** \_\_\_\_\_

**Child's Current Placement Information** *Please circle one: (GH/RTC/FH/BioParents/Kinship/Relative)*

**Name/Agency:** \_\_\_\_\_ **Address/Phone:** \_\_\_\_\_

**Level of Placement:** \_\_\_\_\_ **Placement Contact Person:** \_\_\_\_\_ **Phone #:(**\_\_\_\_\_) \_\_\_\_\_

**REASON FOR REFERRAL/QUESTIONS YOU WOULD LIKE THE COE TO ANSWER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check all that apply:**

- Medication concerns
- Conflicting diagnoses and/or recommendations
- Need treatment recommendations
- Multiple placement disruptions
- Severe problem undiagnosed/being missed (mental health and/or physical)
- Barriers to permanency (adoption, subsidy, treatment issues)
- Other: \_\_\_\_\_

**List psychiatric hospitalizations & dates, mental health history and past therapists. (Attach list, if necessary):**

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**Medication Information:**

**Current (Name/Date begun/Dose)**

**Past Trials (Name/Date/Dose)**

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**Diagnosis Information:**

**Current**

**Past**

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**Name of current Therapist:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Name of current treating Psychiatrist:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Name of Current Treating PCP:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**List impairments (vision, hearing, mobility or disabilities):** \_\_\_\_\_

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Has this referral been discussed with the family?  Yes  No Last date of contact with family: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Name of School: \_\_\_\_\_ County: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education:  Yes  No Certification: \_\_\_\_\_

**The following information will be needed for all COE Referrals**

\*Releases of Information \*Social History or Non-Custodial Assessment \*Placement History with dates (include all foster home placements) \*All previous psychological/all psychiatric intakes & progress notes/intake summaries \*Last 3 progress notes from current therapist & treating psychiatrist \*Hospitalizations: Intake Summaries & Discharge Summaries \*Permanency Plan/Current Notice of Staffing/IPP \*Specialized Evaluations: Psychosexual/Neurological Screenings & Reports \*All previous medical assessments: EPSD&T and all medical records \*School Records /Academic Testing & IQ Testing/Behavior Records \*Insurance card