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

_____ CANS Summary Report

_____ 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
- AU 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

**** Please be aware incomplete referrals or referrals lacking detailed information will delay the process. ***

SOUTHEAST CENTER OF EXCELLENCE (SECOE)
REFERRAL FORM

REFERRED BY: _____ **AGENCY:** _____

DATE OF REFERRAL: _____ ***(One form per child)*** **(PLEASE 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**_____ ❑**None Home County:** _____

Current FSW/Case Manager:_____**E-mail:** _____

Work Ph: (_____ **Fax: (** **)** _____ **Cell: (** **)** _____

Team Leader:_____**Ph #: (** **)** _____**E-mail:**_____

Is child in custody? ❑**Yes** ❑**No** **Date entered Custody:** _____

If not in custody, why is there a high risk of removal?: _____

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 ***Please circle one*: (GH / RTC / FH / Bio Parents / Kinship / Relative)**

Name:_____**Address:** _____

Home Ph: (**)**_____ **Cell Ph: (** **)** _____

Level of Placement: ____ **Placement Agency:**_____ **Ph:** ( )_____

Case Manager:_____**Ph:** ( )_____**email:** _____

REASON FOR REFERRAL / Current symptoms and/or behaviors of concern:

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):

_____

_____

_____

Medication Information:

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

Diagnosis Information:

Current	**Past**

Current Therapist: _____ **Address:** _____

Phone: (____) _____ **Fax: (____)** _____

Current treating Psychiatrist: _____ **Address:** _____

Phone: (____) _____ **Fax: (____)** _____

Current treating PCP: _____ **Address:** _____

Phone: (____) _____ **Fax: (____)** _____

List impairments (vision, hearing, mobility or disabilities): _____

_____

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