

**THE COUNSELING SOURCE, INC.**  
**FAX REFERRAL SHEET/ PHONE INTAKE FORM**  
**Phone: (513) 984-9838 (800) 618-0688      FAX: (513) 984-8075 (800) 738-9854**

**INCLUDE STUDENT FACESHEET** and if Applicable: DASL Sheet, Insurance Cards, any Guardianship Papers

**PLEASE COMPLETE ALL FIELDS CLEARLY AND WITH DARK INK**

REFERRAL DATE: \_\_\_\_\_

\_\_\_\_\_ ROUTINE: Appointment scheduled within 2 weeks      TELEHEALTH: YES  NO

\_\_\_\_\_ PRIORITY: Appointment scheduled within 1 week: serious, non-urgent, symptomology displayed

**URGENT - DANGER TO SELF OR OTHERS.** The Counseling Source (TCS) will respond immediately if a TCS staff member is on site at the time of the crisis. If there is no TCS staff person on-site then the host facility should dial 911.

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

NAME \_\_\_\_\_ SEX AT BIRTH: FEMALE  MALE

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ PRONOUNS: SHE  HE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE OH ZIP \_\_\_\_\_

GUARDIAN NAME(s) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HAS THE PARENT BEEN INFORMED OF THE REFERRAL? No  Yes

OHIO MEDICAID No  Yes  Medicaid (MMIS) # (12 Digits) \_\_\_\_\_

MCO Name (if applicable e.g. Caresource) \_\_\_\_\_ MCO MEMBER ID \_\_\_\_\_

PRIVATE INSURANCE (PI) PROVIDER \_\_\_\_\_ PI POLICY # \_\_\_\_\_

PI POLICY HOLDER NAME \_\_\_\_\_ PI POLICY HOLDER DATE OF BIRTH \_\_\_\_\_

**PRESENTING PROBLEM(s) Circle all that apply**

1. Suicidal Statements/Attempts	6. Appetite Problems	11. Emotional Outbursts	16. Problem Behaviors
2. Acting Sexually Inappropriate	7. Being Depressed	12. Impulsivity	17. Psychotic Thinking
3. Adjustment Difficulties	8. Being Withdrawn	13. Inattention	18. Relationship Problems
4. Anger Problems	9. Changes in Sleep Patterns	14. Substance Use	19. Thought Distortion
5. Anxiety	10. Fears	15. Mood Swings	20. Worries
21. Other _____			

NAME/TITLE OF PERSON MAKING REFERRAL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_