Luzerne Intermediate Unit 18

Referral Form

☐ BCM ☐ CSBBH ☐ Dual Diagnosis ☐ IBHS ABA ☐ IBHS Ind. ☐ Outpatient ☐ PHP

Team:

☐Individual Therapy
☐Medication Mgmt
☐Psychiatric Eval

Site:

Intake Information:

Date of Referral: Completed by:

Referral Source (Name/Agency):

Client's Information:

Client Name: DOB: Age:

Gender: ○Male ○Female ○Other Race: Child's primary language:

Parent/Guardian's Name:

Address:

Phone Number: County:

Email Address:

School Information:

Home District: School:

Grade: Teacher: ☐IEP ☐ Section 504 ☐ Regular Education

Insurance Information:

Primary Insurance Provider: Type of Plan:

Subscriber's Name: Subscriber's DOB:

ID Number: Group Number:

Secondary Insurance Provider: Type of Plan:

Subscriber's Name: Subscriber's DOB:

ID Number: Group Number:

Previous Mental Health Services:

Presenting Behaviors:

Specific Areas of Concern: ***(Please check all that apply)***

Easily Distracted ☐	Task refusal ☐	Excessive absenteeism ☐
Disrespectful behaviors ☐	Argumentative ☐	Sleeping in class ☐
Attention seeking behaviors ☐	Anger outburst ☐	Physically aggressive ☐
Verbally aggressive ☐	Mood swings ☐	Destruction of property ☐
Rule breaking ☐	Elopement from school ☐	Elopement from home ☐
Stealing ☐	Disruptive behaviors ☐	Depressed mood ☐
Crying often ☐	Isolation from others ☐	Recent withdrawal from peers ☐
Poor/deteriorated hygiene ☐	Anxious mood ☐	Self-harming ☐
Suicidal statements ☐	Sudden change in mood ☐	Bullied by others ☐
Slipping grades ☐	Death of family/friend ☐	Parents divorced/separated ☐
Out-of-home placement ☐	Suspected substance abuse ☐	Other:

Please Forward Referrals to:

By Mail:
Luzerne Intermediate Unit 18
368 Tioga Avenue, Kingston, PA 18704
By Email:
referral@liu18.org
By Fax:
833-642-0455

Questions:
Kelley Sprague 570-718-4641

LIU Staff Only:

Actions taken after referral was received: *(referred to LIU program, referred to other agency, offered family resources, etc)*

Internal Referral ID: