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| 920 Madison Avenue, Suite 939  Memphis, TN 38163  Phone (901) 448-3420 | Fax (901) 448-3740 | **\*Please return this form to:**  [**Melissa.Hoffman@tn.gov**](mailto:Melissa.Hoffman@tn.gov)  [**Sheree.Barden@tn.gov**](mailto:Sheree.Barden@tn.gov) |

**REFERRAL FORM**

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| **PATIENT INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **NAME OF CHILD:** | | |  | | | | | | **DCS REGION:** | | **Shelby** | | | | **Northwest** | | | | |
| **DATE OF BIRTH:** | | |  | | | | | | | | **Southwest** | | | | **Other:** | | |  | |
| **AGE:** |  | | **SEX:** |  | | **RACE:** |  | | | **SS #:** | |  | | **TFACTS #:** | | |  | | |
| **DCS STATUS:** | | **DCS Custody:** | | |  | **At-Risk:** |  | **Juvenile Justice:** | |  | **Other:** | |  | | | **DATE OF REFERRAL:** | | |  |

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| **REFERRED BY** | | | |
| **NAME:** |  | **DCS TITLE (FSW, CPS, etc.):** |  |
| **PHONE:** |  | **EMAIL:** |  |
| **SUPERVISOR:** |  | **SUPERVISOR’S EMAIL:** |  |

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| **CONTACT INFORMATION** | | | | |
| **CURRENT PLACEMENT:** |  | | **CONTINUUM/FOSTER CARE AGENCY & LEVEL:** |  |
| **PLACEMENT ADDRESS:** |  | | **AGENCY WORKER:** |  |
| **PHONE NUMBER:** |  | | **AGENCY WORKER #:** |  |
| **CURRENT MENTAL HELATH PROVIDER:** |  | | **CURRENT PRIMARY CARE PHYSICIAN (PCP):** |  |
| **MENTAL HEALTH PROVIDER ADDRESS:** |  | | **PCP ADDRESS:** |  |
| **MH PROVIDER #:** |  | | **PCP #:** |  |
| **OTHER MEDICAL PROVIDERS:** | |  | | |

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| **PRIMARY CONCERNS/REASON FOR REFERRAL** | | ***(Continued on next page)*** |
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| **CHECK ALL THAT APPLY** | | | |
|  | Medication Concerns |  | Treatment Recommendations Needed |
|  | Conflicting Diagnoses and/or Recommendations |  | Placement Disruptions |
|  | Severe Problem Undiagnosed/Being Missed |  | Barriers to Permanency |
|  | Services Denied by TennCare | Other: |  |

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| **ATTENTION**  The UTHSC Center of Excellence for Children in State Custody requests that DCS provide necessary records for thorough review. To expedite your referral, please email the following records with the referral. If you do not have all the requested records, please send what you currently have. If there are records you do not have, please begin the process of obtaining them.   * Current Mental Health Records (treatment notes, evaluations, medication lists) * Previous Mental Health Records * School Records (IEPs, 504 Plans, Behaviour Intervention Plans, grades, evaluations, discipline) * Legal Records (Custody Order, TPR, Juvenile Justice, Forensic Evaluations) * DCS Required Parent Assessments (Mental Health, Parenting, Alcohol and Drug)   \*You may be requested to locate additional records depending on the case. |