

TOMS RIVER REGIONAL SCHOOLS
YMCA COUNSELING & SOCIAL SERVICES REFERRAL FORM
EMAIL: OPReferrals@ymcanj.org FAX: 732-566-0433

DATE _____ REFERRING PERSONNEL _____

_____ HS East _____ HS North _____ HS South _____ Intermediate East _____ Intermediate North
_____ Intermediate South _____ Beachwood _____ Cedar Grove _____ Citta _____ East Dover
_____ Hooper Avenue _____ North Dover _____ Pine Beach _____ Silver Bay _____ South Toms River
_____ Walnut Street _____ Washington Street _____ West Dover

STUDENT: _____ Age: _____ DOB: _____ Gender At Birth: Male _____ Female _____

PARENT(S)/GUARDIAN(S): NAME _____ NAME _____

ADDRESS: _____

CONTACT INFO: (Home) _____ (Cell) _____ (Email) _____

RACE/ETHNICITY: _____ Cauc _____ Af/Amer _____ Hisp _____ Asian _____ Amer Indian _____ Other

FAMILY STATUS: _____ Single _____ Two Adults _____ Foster Child _____ Guardian _____ Other

INSURANCE CARRIER: _____ Policy # _____

SUBSCRIBER NAME: _____ SUBSCRIBER DOB: _____

PRESENTING PROBLEM: *(Detailed Description)* _____

CURRENT MEDICAL CONDITIONS: _____

MEDICATIONS: CURRENT _____ PREVIOUS _____

OTHER *OUTPATIENT/IN-HOME* TREATMENT (WHEN/WHERE): _____

PRIOR *INPATIENT* TREATMENT (WHEN/WHERE): _____

HISTORY OF AUDITORY / VISUAL HALLUCINATIONS: _____

HX -SELF-HARM/HARMING OTHERS _____ CURRENT THOUGHTS OF SELF-HARM/OTHERS _____

AVAILABLE DAYS AND TIMES FOR COUNSELING _____

PARENT SIGNATURE: _____ DATE: _____

SCHOOL SIGNATURE: _____ DATE: _____