

INTRUST HEALTHCARE

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Impact Plus Referral Form

Child's Name: _____ Guardian's Name: _____

Custody of: (circle) Parent DCBS DJJ OTHER: _____ Has the guardian been contacted about this referral? Yes or No

Address: _____ Phone: _____

School: _____ Grade: _____ DOB or Age: _____

Date: _____ Referring Individual and Agency: _____ Phone: _____

Checklist for Eligibility

Check One

- Yes No Not Sure
- Yes No Not Sure
- Yes No Not Sure

Criteria

- Does the child have a medical card? MAID #: _____
- Does the child have a diagnosed emotional or behavioral disorder?
If so, what is diagnosis? _____
- Has the child been having difficulties in the home, school, or community for at least the past 6 months?

Reasons for Referral (Check all that apply)

School	Home	Community
<ul style="list-style-type: none"> <input type="checkbox"/> Frequent disciplinary referrals <input type="checkbox"/> Sporadic disciplinary referrals <input type="checkbox"/> History of suspensions <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Destructive to property <input type="checkbox"/> Truancy <input type="checkbox"/> Theft <input type="checkbox"/> Dishonesty <input type="checkbox"/> Defiant behavior <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Impulsivity <input type="checkbox"/> Attention problems <input type="checkbox"/> Unusual fears or anxiety <input type="checkbox"/> Difficulty with peer relations <input type="checkbox"/> Social withdrawal or isolation <input type="checkbox"/> Sadness/depression <input type="checkbox"/> Poor self-care/hygiene <input type="checkbox"/> Irritability <input type="checkbox"/> Mood swings <input type="checkbox"/> Appetite problems <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Poor grades 	<ul style="list-style-type: none"> <input type="checkbox"/> Requires frequent discipline <input type="checkbox"/> Defies adults requests <input type="checkbox"/> Noncompliant with chores <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Destructive to property <input type="checkbox"/> Theft <input type="checkbox"/> Dishonesty <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Impulsivity <input type="checkbox"/> Attention problems <input type="checkbox"/> Unusual fears or anxiety <input type="checkbox"/> Social withdrawal or isolation <input type="checkbox"/> Sadness/depression <input type="checkbox"/> Poor self-care/hygiene <input type="checkbox"/> Irritability <input type="checkbox"/> Mood swings <input type="checkbox"/> Appetite problems <input type="checkbox"/> Sleeping difficulties <input type="checkbox"/> Difficulty with sibling relations 	<ul style="list-style-type: none"> <input type="checkbox"/> History of Vandalism <input type="checkbox"/> History of theft <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Sexually promiscuous <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Sexually abusive <input type="checkbox"/> Involvement with cult or gang <input type="checkbox"/> Fire setting behavior <input type="checkbox"/> Seeks negative peers <input type="checkbox"/> Runs away <input type="checkbox"/> Other legal violations <hr/> <p>Other Concerns:</p> <p>Has the child been seen by a therapist or school personnel before?</p>

Available history of difficulties: _____