

## Bridges Head Start Mental Health Referral Form

*Instructions for completion: This form should be completed when a referral for mental health services is in order. This form should be turned in to the Education Manger for approval and submission to the mental health consultant. Please note that a parent or guardian must sign the release at the bottom of this page for a referral for services. However, no parent signature is needed to request a classroom observation only.*

### Child Information

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Presenting Problem:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

**Parent/Guardian Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

### Head Start Staff Information

**Referring Source:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Head Start Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Referral Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Release/Exchange of Information

*I give Bridges Head Start staff and Chesapeake Counseling Associates staff permission to exchange/release pertinent information regarding my child.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_