For Office Use Only:

Date of Referral:	

HIGH POINT
Meadowbrook Youth Clinic Referral Form

(Please fill out this referral as completely as possible)

Call us at (774)901-2333 or Email completed referral to:

MYCReferrals@hptc.org

CLIENT INFORMATION

Name: _____ Gender: _____ DOB: _____/_____/_____ Age: _____

Social Security #: _____/_____/_____ MMIS #: _____ Phone #: (_____)_____-_____

Payer Type: ☐ MBHP ☐ Wellsense ☐ Tufts Public ☐ Private/Other Policy #: _____

Contact/Guardian Name: _____Relation to Client: _____ Phone #: (_____) _____ -_____

Address: _____ Town: _____ Zip:_____

Members of Household: _____

Primary Language: _____ Secondary Language:_____

Email:_____*Required

REFERRER INFORMATION

Referral Name, Agency & Phone #: _____

DCF Worker Name, Office & Phone #: _____

Availability: ☐ Daytime ☐ Afternoon ☐ Evening ☐ Weekday ☐ Weekend ☐ Other: _____

Is client willing to engage in telehealth services? ☐ Yes ☐ No

Prior/Current Treatment or Services:
Axis 1 Diagnosis:

Other Providers

Provider	*Name*	*Phone Number*	*Agency*
CSA			
Psychiatry			
Therapist			
Other			

Significant Impairment in Functioning: ☐ Home ☐ School ☐ Community ☐ Other: _____

Reason for Referral:

RISK FACTORS OR SAFETY CONCERNS

Check All that apply:

☐ Suicide Ideation	☐ Suicide Gestures	☐ Self-Injurious Behavior	☐ Homicidal Ideations	☐ Current Substance Use
☐ History of Substance Use	☐ Running Away	☐ Violence/Aggression Towards Others		☐ Lack of Social Group
☐ Gang Involvement	☐ Sexualize Aggression/Behavior	☐ Takes Dangerous Risks	☐ Fire-setting	☐ School Refusal
☐ Isolation Behavior	☐ Trauma History	☐ Medical/Physical Issues	☐ Sexual Promiscuity	☐ Not Medication Compliant
☐ In-Home Issues	☐ Lack of Natural Support	☐ Housing Instability	☐ Mental Health Diagnosis: _____	
☐ Other:				

CAREGIVER RISK FACTORS

Which caregiver:			
☐ Current Substance Use	☐ History of Substance Use	☐ Not Medication Compliant	☐ Housing Instability
☐ Financial Distress	☐ Current Domestic Violence	☐ History of Domestic Violence	☐ Mental Health Diagnosis
☐ Medical / Physical Issues	☐ Unable/Unwilling to Provide Natural Supports	☐ Lack of Natural Supports	
☐ Other:			