

Early Childhood Mental Health Consultation Child Referral Form

Douglas County Child Development Association

935 Iowa, Suite 7 ~ Lawrence, Ks 66044 ~ Ph#: 785-842-9679 ~ Fax#: 785-842-1412 ~ Email: marci@dccda.org

To refer a child for Early Childhood Mental Health Consultation, please complete as much information as possible and submit to Marci Ramsay at DCCDA. Thank you!

PLEASE PRINT

Name of child: _____
First M.I. Last

Date of birth: _____ Race: _____ Gender: M F

Home address: _____ Telephone: _____
_____ Cell Phone: _____
City State Zip

Name of parent/guardian: _____
First M.I. Last

Parent/guardian marital status: Single Married Divorced Separated

Child's strengths: How well do you know this child? ___ Well ___ Average ___ Slightly
___ Respectful ___ Engaging with peers ___ Accepts nurturing ___ Cooperative ___ Self regulates
___ Happy ___ Affectionate ___ Secure attachment ___ Exploratory ___ Parent involvement
___ Other _____

Problem areas:
___ Passive/Withdrawn ___ Sleep difficulties ___ A loner ___ Emotional disturbance ___ Abuse/Neglect concerns
___ Inconsolable ___ Profanity ___ Toileting ___ Hyperactive ___ Aggressive
___ Belligerent ___ Apathetic ___ Self injurious ___ Sibling or peer jealousy ___ Economic deprivation
___ Parental conflict ___ Court involvement ___ Other _____

Referring agency/center: _____

Name of referring person: _____

Address: _____ Telephone: _____

_____ Fax: _____
City State Zip

Email: _____

Has the parent/guardian been notified of this referral? Yes No