



**PETOSKEY WELLNESS PROGRAM
Student Referral Form**

Date _____ Referral Source _____ Relationship to student: _____
 Name of Student and Student Number _____ Grade _____ Age _____ DOB _____
 School: Central Elementary Lincoln Elementary Ottawa Elementary Sheridan Elementary
 Petoskey Middle School Petoskey High School Student's Teacher/Home Room _____
 Parent/Guardian _____
 Phone _____ Address _____

(Mailing)

Has parent/guardian been notified of this referral? Yes No Student Notified Yes No
 If yes, by whom and when? _____
 Does this student have another provider/therapist (including Char-Em ISD services?) _____

Reason(s) for Referral:

- | | | |
|---|--|--|
| <input type="checkbox"/> Suspected Abuse/Neglect | <input type="checkbox"/> Poor Academic Achievement | <input type="checkbox"/> Inappropriate Sexual Behavior |
| <input type="checkbox"/> Anger/Irritability | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> ADHD (overactive or distracted) | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Disruptive or Impulsive Behavior | <input type="checkbox"/> Self-Esteem Issues | <input type="checkbox"/> Self-Injury |
| <input type="checkbox"/> Anxiety/Worries | <input type="checkbox"/> Peer/Relationship Issues | <input type="checkbox"/> Suicidal Thoughts/Behavior |
| <input type="checkbox"/> Depression/Sadness | <input type="checkbox"/> Identity Issues | <input type="checkbox"/> Trauma |
| | | <input type="checkbox"/> Other _____ |

Please provide further information about this referral:

PETOSKEY WELLNESS PROGRAM STAFF USE ONLY

<input type="checkbox"/> Consent on file <input type="checkbox"/> No Consent on file Date initial packet mailed: _____ Date completed consent form received _____	<p align="center"><u>Outcome</u></p> <input type="checkbox"/> No further action <input type="checkbox"/> Scheduled service at PWP Provider _____ Date of appointment _____
<input type="checkbox"/> Received services at PWC before Provider _____	
<p>Follow-up Documentation:</p> <input type="checkbox"/> 1st attempt Date _____ Staff initials _____ _____ <input type="checkbox"/> 2nd attempt Date _____ Staff initials _____ _____ <input type="checkbox"/> 3rd attempt Date _____ Staff initials _____ _____ <input type="checkbox"/> Contacted original referring source Date _____ _____ _____	

Thank you for your referral!

<u>Petoskey High School</u> 1500 Hill St. Petoskey, MI 49770 (231) 412-6456	<u>Petoskey Middle School</u> 801 Northmen Dr. Petoskey, MI 49770 (231) 412-6455	<u>Central Elementary School</u> 410 State St. Petoskey, MI 49770 (231) 412-6453	<u>Lincoln Elementary School</u> 616 Connable Ave. Petoskey, MI 49770 (231) 412-6453	<u>Ottawa Elementary School</u> 871 Kalamazoo Ave. Petoskey, MI 49770 (231) 412-6454	<u>Sheridan Elementary School</u> 1415 Howard St. Petoskey, MI 49770 (231) 412-6454
--	---	---	---	---	--