



**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 _____

Has parent/guardian been notified of this referral? Yes No (Mailing) 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

Consent on file
 No Consent on file
Date initial packet mailed: _____
Date completed consent form received _____

Outcome
 No further action
 Scheduled service at PWP
Provider _____
Date of appointment _____

Received services at PWC before Provider _____

Follow-up Documentation:

1st attempt Date _____ Staff initials _____

2nd attempt Date _____ Staff initials _____

3rd attempt Date _____ Staff initials _____

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) 412-6458 |
|--|---|---|---|---|--|