



PEI Referral Form

450 Kings County Drive, Suite 104 Hanford, CA 93230
Phone: (559) 852-2444 FAX: (559) 589-6928

Date of referral: _____

Name of client: _____

DOB: _____ Age: _____

Sex: [] Male [] Female [] Transgender

Do you identify as LGBTQ? [] Yes [] No

Ethnicity: _____

Race: _____

Home Address: _____

City: _____ ZIP: _____

Mailing Address: _____

City: _____ ZIP: _____

Phone: (H) _____ (Cell) _____ (Mess) _____

May we contact by: [] mail [] phone

Parent/Guardian (if minor): _____

If minor, can parent be contacted? [] Yes [] No

Interpreter Needed? [] Yes [] No

Primary language: _____

Does the client have Medi-Cal? [] Yes [] No

If yes, were you referred to Kings View? [] Yes [] No

Does client have an open CWS case? [] Yes [] No

Referral to Kings County Behavioral Health PEI Program for:

- [] Case Management Services/Linkage [] Groups: _____ [] Individual and/or Family Therapy
[] Katie A. (CWS Only) [] Parent Child Interactive Therapy (PCIT) (2-7 years of age)
[] School Skill Building Groups, name of the school: _____ [] Social/Emotional Screening for Child (0 -5 years)
[] Truancy Intervention & Prevention Program (TIPP) (SARB Board Only)

What recent changes have you noticed in the client?

- [] Changes in affects (moods/personality) [] Conflict resolution style [] School attendance
[] School performance [] Social interactions [] Other: _____

Has the client recently experienced:

- [] Being Bullied [] Change in family dynamics what changed? _____ [] CPS/Foster Care
[] Justice system involvement: When/Why? _____ [] Loss of a loved one: Who/When? _____
[] Physical/sexual abuse [] Other: _____

What kind of behaviors is the client currently displaying?

- [] Experimenting with alcohol and/or drugs [] Having suicidal thoughts [] Isolation or withdrawn
[] Lack of interest in things they used to enjoy [] Previous suicide attempts When? _____
[] Risky behavior Examples: _____ [] Sadness/depression
[] Self harm Examples: _____ [] Uncharacteristic aggression
[] Other: _____

Please provide more details for any of the above categories: _____

Release of Information

The above named client has been referred for services. He/She authorizes Kings County Behavioral Health to communicate with the above named referring agency and disclose to one another; case status; proof of progress and/or compliance regarding his/her case. To facilitate communication between our agencies, the client must sign a release of information to our agency.

I agree to the above Release of Information:

Client signature: _____ Date: _____

Parent/Guardian (if minor): _____ Date: _____

Referring agency: _____

Contact Name: _____

Phone: _____

FAX: _____

Reason for referral: _____

Referring party signature: _____

Date: _____



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BH USE ONLY:

Date Case Rec'd/Opened: _____ Assigned to: _____ Date Case closed: _____

PEI Log Referral No.: _____

Case No.: _____

DB Assignment: WE CAN WE CAN SCHOOLS In Common

Services:

Case Management Services/Linkage Groups: _____

Katie A. Screening PCIT (2-7 years of age)

School Skill Building Groups: _____

PEI Log

DB Assignment

Reason: _____

Individual and/or Family Therapy

Truancy Intervention & Prevention Program

Social/Emotional Screening for Child