HEALTH DEPARTMENT of Northwest Michigan
1-800-432-4121

CHILD AND ADOLESCENT HEALTH PROGRAM
Student Referral Form

Date _____ Referral Source _____ Relationship to student: _____
Name of Student and Student Number _____ Grade _____Age _____ DOB _____
School: ☐ Elementary School ☐ Middle School ☐ High School ☐ Intermediate School
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? _____

Reason(s) for Referral:

☐ Absenteeism
☐ Suspected Abuse/Neglect
☐ Potential Drop out
☐ Suspected tobacco/drug/alcohol use
☐ Family unable to meet student's needs
☐ Detentions/Suspensions
☐ Runaway
☐ Mentor needed
☐ Fighting/Anger
☐ Inappropriate behavior
☐ Suicidal tendencies/Self-harm
☐ Relationship skills
☐ Financial concerns
☐ Health concerns
☐ Poor academic performance in school
☐ Other: _____
☐ Other: _____

Please provide further information about this referral:
_____
_____

CHILD AND ADOLESCENT HEALTH CENTER 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 CAHC
Provider _____
Date of appointment _____

☐ Received services at CAHC 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!

IRONMEN HEALTH CENTER
Mancelona Family Resource Center
205 Grove St., Mancelona, MI 49659
(231) 587-9840
Fax (231) 587-9846

HORNET HEALTH CENTER
Pellston Middle/High School
172 Park St., Pellston, MI 49769
(231) 539-8550
Fax (231) 539-8616

RAMBLER WELLNESS PROGRAM
Boyne City Elementary School
930 Brockway Boyne City, MI 49712
Boyne City Middle School
1025 Boyne Ave Boyne City, MI 49712
(231) 439-8253

GAYLORD BLUE DEVIL WELLNESS CENTER
Gaylord High School
90 Livingston Blvd., Gaylord, MI 49735
(989) 732-6890
Fax (989) 705-1037

East Jordan Public Schools
PO Box 399, 101 Maple Street
East Jordan, MI 49727
Rebecca Litzner, LMSW
(231) 536-2204
Alice Thumser, School Nurse
(231) 536-2269
Fax (231) 536-3536

The Child and Adolescent Health Program is operated by the Health Department of Northwest Michigan, with major funding from the Michigan Department of Health and Human Services and Michigan Department of Education.