



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

Please provide further information about this referral:

SCHOOL WELLNESS 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 EJWC
Provider
Date of appointment

Received services at EJWC 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 logo and address: Mancelona Family Resource Center, 205 Grove St., Mancelona, MI 49659

HORNET HEALTH CENTER logo and address: Pellston Middle/High School, 172 Park St., Pellston, MI 49769

RAMBLER WELLNESS logo and address: Boyne City Elementary School, 930 Brockway Boyne City, MI 49712

WELLNESS CENTER logo and address: Gaylord High School, 90 Livingston Blvd., Gaylord, MI 49735

WELLNESS CENTER logo and address: East Jordan Public Schools, PO Box 399, 101 Maple Street, East Jordan, MI 49727

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.