UCSF Benioff Children's Hospital Oakland

MENTAL HEALTH & CHILD DEVELOPMENT PROVIDER REFERRAL FORM

747 52nd St., Oakland, CA 94609 • (510) 428-8428 • www.childrenshospitaloakland.org

This referral will not be considered complete until all sections have been filled out.
Fax all relevant paperwork to (510) 995-2956. Fussy Baby Program Fax: 510-238-9764

1. PATIENT INFORMATION

Patient's First Name_____

Last Name _____

DOB ____/____/____ MR# _____

Age_____ Gender _____

2. CAREGIVER INFORMATION

Caregiver Name _____

☐ Parent ☐ Legal Guardian ☐ Foster Family ☐ Adopted

☐ Other _____

Street Address _____

City_____State_____Zip _____

Phone (_____) _____

Interpreter needed? ☐ No ☐ Yes: ☐ Parent ☐ Patient

Language_____

3. INSURANCE INFORMATION

Subscriber Name _____

DOB ____/____/____ SSN _____

Subscriber ID _____

Patient's SSN_____Medi-Cal ID_____

County _____

☐ Medi-Cal ☐ CFMG ☐ Other–Carrier _____

Insurance phone (_____) _____

4. REFERRER CONTACT INFORMATION

Referral date____/____/____ Family informed of referral? ☐ Yes ☐ No

Referred by _____

Phone (_____)_____Fax (_____) _____

Office Name_____City _____

5. PRIMARY CARE PROVIDER

☐ Same as referrer ☐ Children's Hospital Oakland

Provider Name _____

Clinic Name_____

Phone (_____)_____Fax (_____) _____

6. WHY REFER NOW?

_____

_____

_____

_____

_____

7. PLEASE SELECT THE DEPARTMENT

☐ Early Intervention Services (EIS); T: (510) 428-3407 / Fussy Baby Program (0-12m)
☐ Psychological Services; T: (510) 428-8428
☐ Psychiatry; T: (510) 428-8428
☐ Child Development Center (CDC); T: (510) 428-8428
☐ McClymond's Health Center; T: (510) 835-1393
☐ YU/Castlemont Health Center; T: (510) 428-3556

8. SERVICES REQUESTED

☐ Developmental Evaluation
☐ Psychopharmacological Evaluation
☐ Psychological Evaluation
☐ Therapy: Child and/or Family

9. CURRENT SYMPTOMS/CONCERNS

Please check all that apply, given developmental age:

☐ Hurting themselves / Suicidal thoughts
(If in imminent threat of harm, call 911)
☐ Psychiatric hospitalizations in last year
☐ Seeing or hearing things others don't / Psychotic symptoms
☐ Aggression towards self, others and/or frequent Tantrum
☐ Eating disorder with medical complications
☐ Age inappropriate sexualized behaviors
☐ Significant parent/child attachment concerns (0-5 years old)
☐ Difficult to soothe / Excessive crying (0-5 years) / Fussy Baby (0-12m)
☐ Trauma / Loss / Grief
☐ Separation/loss of primary caregiver
☐ History of neglect/Abuse

☐ Can't sit still / too active/impulsive
☐ Difficulty following directions or paying attention
☐ Withdrawn/isolative
☐ Anxious / Worried / Very Nervous
☐ Sad / Depressed
☐ Sleeping concerns
☐ Eating concerns without medical complication
☐ Parent/Child relationship interaction problems
☐ Not making friends / Poor social skills
☐ Not doing well in school / Poor attendance

☐ Not meeting milestones / Developmental delay
☐ Autism Spectrum
☐ Trouble communicating / Speech-Language delay

10. CURRENT SITUATION

Please check all that apply:

☐ CPS report in last 6 months
☐ Court dependent/ward of the court
☐ At risk of losing home/child care placement due to behaviors
☐ Currently in out-of-home foster placement
☐ Juvenile probation supervision with current placement order

11. CURRENT SERVICES

☐ Regional Center Services
☐ Speech Therapist, OT, PT, SST/504/IEP
☐ Therapy: Provider _____
☐ Psychiatrist/Developmental Behavioral Pediatrician:
Provider _____

Note: The Fussy Baby Program is a part of Early Intervention Services.
Fax all pertaining info directly to their department at: 510-238-9764