CentraCare
St. Cloud Hospital
Clara's House | A Place to Find Hope
1564 County Road 134 | St. Cloud, MN 56303

Confidential Referral Form

Phone: 320-229-4950, Fax: 320-229-4999

Referral Source: Agency_____ Referral Date: _____

Agency's Number: _____

Staff Person: _____ Opening Date: _____

Child Name (First, MI, Last)	**Age**	**Date of Birth**
School	**Grade**	**Today's Date**
Parent's name:		**Phone:**
Address:	**City:**	**State:**
Parent's name:		**Phone:**
Address:	**City:**	**State:**

List all people this child/adolescent is presently living with:

Name	Age	Relationship

Mental Health Treatment History	**Name of provider, Place(s) and Date(s)**
☐ Psychiatrist	
☐ Outpatient Therapy/Counseling	
☐ Inpatient Hospitalization	
☐ Partial Hospitalization	
☐ Day Treatment (Alternative School or School-Based)	
☐ Chemical Dependency Treatment	
☐ In-home Family Therapy	
☐ Psychological testing (IEP, IQ, achievement, etc.)	

Referral Problem Categories

Current Diagnosis, if any: _____

Copy of CASII (Most recent Score _____; Level _____):

Current/Past Behavior Issues and Severity:

Physical Aggression			☐ YES ☐ NO
Sexual Misconduct			☐ YES ☐ NO
Verbal Aggression			☐ YES ☐ NO
Destructions of Property			☐ YES ☐ NO
Runaway			☐ YES ☐ NO
Suicidal Gestures/Ideation			☐ YES ☐ NO
Alcohol/Chemical Use:			☐ YES ☐ NO
Child_____			☐ YES ☐ NO
School Difficulties/Truancy			☐ YES ☐ NO
Bedwetting/Encopresis			☐ YES ☐ NO
Parent/Child Conflict			☐ YES ☐ NO
Past or Current Abuse	Past	Ongoing	☐ YES ☐ NO
Physical	_____	_____	
Sexual	_____	_____	
Neglect	_____	_____	
Behavioral/Emotional:			☐ YES ☐ NO

Psychological Assessment: ☐ YES ☐ NO

Completion date: _____

Who conducted the testing? _____

Please attach the following information: *Current diagnostic assessment, progress notes from the past three months, and any other information that would support the referral to Clara's House. Once the information has been received the referral will be reviewed and the family will be contacted regarding the admission.*