CUSD IN-SCHOOL REFERRAL

This form is to be completed by a CUSD personnel designated to make direct referrals for a student in need of in-school professional services.

[CUSD IN-SCHOOL REFERRAL] Referred by: *

- ☐ RICE ES (in-school service)
- ☐ PATTERSON ES (in-school service)
- ☐ RIGGS ES (in-school service)
- ☐ PAYNE JHS (in-school service)
- ☐ BASHA HS (in-school service)
- ☐ Referral for OUTPATIENT services
- ☐ Other

Referring Administrator/Counselor Name & Contact Info: *

Simple Text

Patient Full Name *

First name | Last name

Date of Birth (MM-DD-YYYY) *

Simple Text

Email Address *

Your email

Phone Number *

Phone number

Current Home Address

Street Address | Address Line 2

State/Province/Region | Postal/Zip Code

City

PLEASE select PAYMENT option(s) [select all that applies] *

- [ ] SELF-PAY
- [ ] COMMERCIAL insurance
- [ ] MILITARY insurance [TriCare-West, TriWest (CCN)]
- [ ] MEDICARE
- [ ] MEDICAID (AHCCCS, Mercy Care)
- [ ] Other

PRIMARY Insurance (Commercial)

Simple Text

PRIMARY Insurance Claims Address

Street Address | Address Line 2

City | State/Region/Province

Postal/Zip Code

PRIMARY Insurance Claims Phone

Phone

Subscriber Name

First Name | Last Name

Subscriber Date of Birth (MM-DD-YYYY)

Simple Text

Subscriber Relationship

Select Item ▼

Member ID

Simple Text

Group Number

Simple Text

SECONDARY Insurance (Please list ALL) (If None, write "None" in section.)

Simple Text

Patient is a MINOR (<18 years old)? (BEWARE: If parents are DIVORCED or GUARDIAN, copy of legal custody documents is needed before visit is scheduled) *

- ☐ NO, I am an adult.
- ☐ YES, minor has MARRIED parents.
- ☐ YES, minor has DIVORCED parents with JOINT CUSTODY. (upload court documents)
- ☐ YES, minor has DIVORCED parent with SOLE CUSTODY. (upload court documents)
- ☐ YES, minor has GUARDIAN parents.

Patient has ACTIVE or PENDING legal case? *

- ☐ NONE. I have no active/pending legal case.
- ☐ YES. Custody Court (explain below)
- ☐ Other (explain below)

Type of Provider(s) Needed (select all that applies) *

- ☐ ADVANCED INTERVENTIONAL TREATMENT [TMS, MeRT, Spravato, Ketamine, Photobiomodulation]
- ☐ PSYCHIATRY [medication management]
- ☐ COUNSELING [talk therapy]

****COUPLES/MARRIAGE/FAMILY THERAPY: Who will accept responsibility as the "chart holder" of records?**

Simple Text

****COUPLES/MARRIAGE/FAMILY THERAPY: Who will accept financial responsibility?**

Simple Text

Reason(s) for Appointment [select ALL that applies] *

- [ ] Medication Treatment
- [ ] TMS/MeRT for Depression, Anxiety, PTSD, TBI
- [ ] TMS/MeRT for Autism (ASD)
- [ ] TMS for OCD
- [ ] Spravato (esketamine) for Depression
- [ ] Spravato (esketamine) for Suicidal Ideation
- [ ] Ketamine Infusion (IV)
- [ ] Nutrition Infusion (IV)
- [ ] ADHD diagnosis & treatment
- [ ] Individual talk therapy
- [ ] Marriage/Couples talk therapy
- [ ] Family talk therapy
- [ ] PTSD/Trauma talk therapy - EMDR
- [ ] PTSD/Trauma talk therapy - ART
- [ ] Treatment Solutions for Veterans
- [ ] Autism (ASD)
- [ ] Concussion/TBI
- [ ] Depression
- [ ] Anxiety
- [ ] Grief
- [ ] Postpartum depression
- [ ] Psychosis
- [ ] Personality Disorder (ie. Borderline)
- [ ] Behavioral/School Issues
- [ ] Foster/Adoption Support
- [ ] Recent Suicidal Ideation
- [ ] OTHER (comment below)

Patient is in ACTIVE treatment for SUBSTANCE ABUSE? (select ONE) *

- [ ] YES, currently in INPATIENT detox treatment program
- [ ] YES, currently in OUTPATIENT substance treatment program (MAT, substance IOP, treatment with Methadone or Suboxone or Subutex)
- [ ] NO, discharged from detox program LESS THAN 30 days
- [ ] NO, discharged from detox program MORE THAN 6 months
- [ ] NO, NEVER undergone, referred for, or refused detox treatment for substance abuse
- [ ] UNKNOWN

Patient is ACTIVELY using the following substance(s) WITHOUT a prescription. (select ALL that applies) *

- [ ] NONE
- [ ] Alcohol (daily use)
- [ ] Marijuana
- [ ] Ecstasy, MDMA
- [ ] Methadone, Amphetamine
- [ ] Cocaine, Heroin, Crack, LSD, Hallucinagens
- [ ] Opioids (Fentanyl, Morphine, Oxycodone (Percocet), Dilaudid, etc)
- [ ] Benzodiazepine (Xanax, Valium, Ativan, Klonipin, Tamazepam) (please list amount in comment below)
- [ ] OTHER (comment below)
- [ ] UNKOWN

Patient interested in ADVANCED treatment(s).

- [ ] TMS (Transcranial Magnetic Stimulation)
- [ ] Advanced EEG-Guided TMS (MeRT)
- [ ] Spravato (esketamine)
- [ ] Ketamine IV Infusion
- [ ] Photobiomodulation (Titan IR)
- [ ] None

<> Patient has been DIAGNOSED with?

- [ ] Severe Depression (MDD)
- [ ] Severe Depression (MDD) with Anxiety
- [ ] Severe Depression (MDD) with Recent Suicidal Thoughts
- [ ] Generalized Anxiety Disorder (GAD)
- [ ] Bipolar I/II Disorder (BP)
- [ ] Obsessive Compulsive Disorder (OCD)
- [ ] Posttraumatic Stress Disorder (PTSD)
- [ ] Concussion/TBI/Brain Injury
- [ ] Postpartum Depression (PPD)
- [ ] Autism (ASD)
- [ ] Other
- [ ] None of the above

<> Patient has tried ANTIDEPRESSANT medications?

- [ ] 0 antidepressant medication
- [ ] 1-2 antidepressant medications
- [ ] 3-4+ antidepressant medications

<> Patient has tried following ADVANCED treatment(s)?

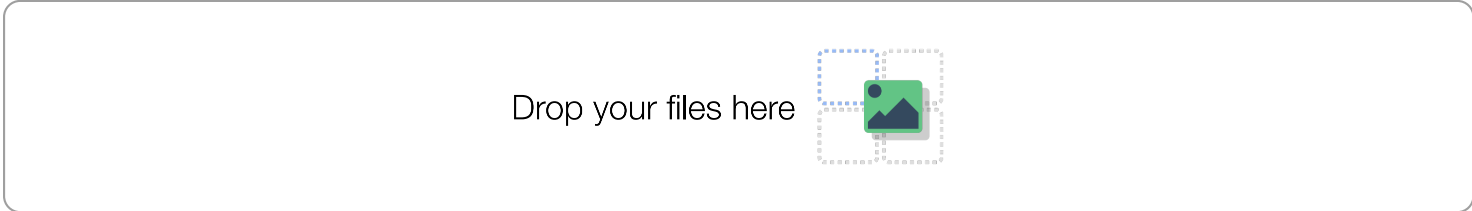
- [ ] YES. TMS helped my symptoms.
- [ ] YES. ECT helped my symptoms.
- [ ] YES. Spravato helped my symptoms.
- [ ] YES. IV Ketamine helped my symptoms.
- [ ] NO, but I want to learn more about these treatments.
- [ ] NO, I am not interested.

<> Any presence of non-removable metal in head?

- ☐ NONE
- ☐ Metal fragments
- ☐ Aneurysm clips
- ☐ Skull plates
- ☐ Cochlear implant
- ☐ Deep brain stimulator implant
- ☐ Vagal nerve stimulator implant

Additional Information (Please provide brief description of your needs, situation or any information to clarify questions above) *

Upload the following: (1) insurance card (FRONT & BACK), (2) photo ID (FRONT & BACK), (3) court custody documents, and (4) any other supporting materials (30MB file size limit)



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