

MATAWAN-ABERDEEN REGIONAL SCHOOL DISTRICT
YMCA COUNSELING & SOCIAL SERVICES REFERRAL FORM
FAX: 732-566-0433

DATE _____ REFERRING PERSONNEL _____

_____ Matawan Regional HS _____ Matawan Aberdeen MS _____ Cliffwood Elem.
_____ Ravine Drive Elem. _____ Lloyd Road Elem. _____ Strathmore Elem. _____ KEYS Academy

STUDENT _____ Age _____ DOB _____ Male _____ Female _____ DYFS Involvement _____

ADDRESS _____

PHONE # (Home) _____ (Cell) _____ (Work) _____

RACE/ETHNICITY: _____ Cauc _____ Af/Amer _____ Hisp _____ Asian _____ Amer Indian _____ Other

FAMILY STATUS: _____ Single _____ Two Adults _____ Foster Child _____ Guardian _____ Other

MEDICAID # _____ SOCIAL SECURITY # _____

AETNA or HORIZON Policy # _____ SUBSCRIBER NAME _____ DOB: _____

PARENT(S)/GUARDIAN(S): NAME _____ NAME _____

SIBLINGS / CHILDREN: NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

PRESENTING PROBLEM: _____

CURRENT MEDICAL CONDITIONS: _____

MEDICATIONS: CURRENT _____ PREVIOUS _____

OTHER *OUTPATIENT/IN-HOME* TREATMENT (WHEN/WHERE): _____

PRIOR *INPATIENT* TREATMENT (WHEN/WHERE): _____

HISTORY OF AUDITORY / VISUAL HALLUCINATIONS: _____

HX -SELF-HARM/HARMING OTHERS _____ CURRENT THOUGHTS OF SELF-HARM/OTHERS _____

AVAILABLE DAYS AND TIMES FOR COUNSELING _____

PARENT SIGNATURE: _____ DATE: _____

SCHOOL SIGNATURE: _____ DATE: _____