



REFERRAL SUMMARY AND ATTACHMENTS COVER PAGE

1751 Oak Plains Road, Ashland City, TN 37015 Ph: (931) 362-4723 Fax: (931)-362-2816

Date: _____

Name of Referral: _____

PLEASE ATTACH A WRITTEN SUMMARY DESCRIBING THE YOUTH’S CURRENT BEHAVIORS THAT YOU FEEL WARRANTS NECCISITY FOR TREATMENT AT OAK PLAINS ACADEMY.

Please submit as much clinical information, from the list below, including but not limited to a current Psychiatric Evaluation. Receipt of current clinical documentation will assist us in determining the appropriateness of our program for the youth that you are referring in a prompt manner.

Personal:

- _____ Social Security Card
- _____ Birth Certificate
- _____ Custody Documents

Mental Health Records: (within one year)

- _____ Psychiatric Evaluation
- _____ Psychological Evaluation
- _____ Discharge Summary

Medical Records:

- _____ EPSD&T
- _____ Medical History and Physical
- _____ Immunization Record

Social Services/Human Resources Records:

- _____ Social History (Including Addenda and Revisions)
- _____ Permanency Plan/Staffing Summary Justification
- _____ Notice of Rights

Current Medication(s) and Dosage(s):

Court Documents (if applicable):

- _____ Petitions
- _____ Victim Statements
- _____ Perpetrator Statements
- _____ Probation Guidelines
- _____ Police/Arrest Reports
- _____ Witness Statements
- _____ Judgments

School Records:

- _____ Current Records and Cumulative Records
- _____ M-Team Certification
- _____ Individualized Education Plan
- _____ Psycho-Educational Evaluation
- _____ 504 Plan
- _____ Education Passport