

Child/Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child/Youth's Date of Birth: \_\_\_\_\_ Child/Youth's Preferred Pronouns: \_\_\_\_\_

Guardian's Name(s): \_\_\_\_\_

Best person to contact and relationship: \_\_\_\_\_

Best way to contact (call, text, email): \_\_\_\_\_ Okay to leave voicemail message?  Yes  No

Phone number and/or E-mail address: \_\_\_\_\_

**Reason for Referral:**

Overview of Concerns

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What support do you hope we can provide?

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Anything else we should know to improve access?

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What supports is your organization (and others) providing?

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**Referral created by:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Check to confirm process has been followed:

- Consent attached (signed by parent/guardian(s) and youth older than 12 years old)  
– made out to Lutherwood Mental Health Services
- Referred youth/family is aware that Front Door is being contacted

Date Created: \_\_\_\_\_