



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

SMH Referral Cover Sheet
Self-Referral (Ages 12 and up)

DATE: _____

From: _____
Name/Title

Email address: _____

Telephone Number(s): _____

Please select one location:

➤ **North**

- Valley Clinic | 6651 Balboa Blvd Van Nuys, California 91406 | Tel: 818-758-2300 | Fax: 818-996-9850
Please indicate if you would like to be considered for services at a Valley Clinic Satellite Location:
 Kennedy HS (Granada Hills) Telfair ES (Pacoima) Canoga Park ES (Canoga Park)

➤ **West**

- Crenshaw Wellness Center | 3206 W. 50th St., Los Angeles, 90043 | Tel: 323-290-7737 | Fax: 323-290-7713
Please indicate if you would like to be considered for services at our Crenshaw Wellness Center Satellite location at
 YES Academy (3140 Hyde Park Blvd., Los Angeles, 90043)
 Washington Wellness Center | 1555 West 110th St., Los Angeles, 90043 | Tel: 323-241-1909 | Fax: 323-241-1918

➤ **South**

- San Pedro Clinic | 704 West 8th St., San Pedro, 90731 | Tel: 310-832-7545 | Fax: 310-833-8580
 Locke Wellness Center | 316 111th St., Los Angeles, CA 90061 | Tel: 323-418-1055 | Fax: 323-418-3964
 97th St. Clinic | 439 W. 97th St., Los Angeles, CA, 90003 | Tel: 323-754-2856 | Fax: 323-754-1843
 Carson Wellness Center | 270 East 223rd St., Carson, 90745 | Tel: 310-847-7216 | Fax: 310-847-7214

➤ **East**

- Ramona Clinic | 231 S. Alma Ave, Los Angeles, 90063 | Tel: 323-266-7615 | Fax: 323-266-7695
 Gage Wellness Center | 2975 Zoe Ave., Huntington Park, 90255 | Tel: 323-826-1520 | Fax: 323-826-1524
 Elizabeth LC Wellness Center | 4811 Elizabeth St., Cudahy, 90201 | Tel: 323-271-3650 | Fax: 323-271-3657
 Bell Clinic | 7326 S. Wilcox Ave., Cudahy, 90201 | Tel: 323-869-1352 | Fax: 323-271-3657
 Maywood Wellness Center | 5800 King Ave., Maywood, 90270 | Tel: 323-826-1520 | Fax: 323-826-1524

➤ **Central**

- Belmont Wellness Center | 180 Union Place, Los Angeles, 90026 | Tel: 213-241-4451 | Fax: 213-241-4465
Please indicate if you would like to be considered for services at one of these Clinic Satellite Locations:
 Wadsworth ES (981 E. 41st St., Los Angeles, 90011) Marshall SH (3939 Tracy St, Los Angeles, 90027)
 Glassell Park ES (2211 W. Ave. 30, Los Angeles, 90065)
 Roybal Clinic | 1200 West Colton St., Los Angeles, 90026 | Tel: 213-580-6415 | Fax: 213-241-4465



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STUDENT IDENTIFYING INFORMATION:

Date: _____ Your Name _____ Birthdate: _____ School: _____ Grade: _____

Who referred you to School Mental Health?: School Friend Other: _____

Who you live with? Biological Parents Adoptive Parents Foster Parents

Relative Care Group Home Other: _____

Name of Parent/Caregiver 1: _____ Relationship: _____

Telephone Parent/Guardian 1: home: _____ cell: _____ work: _____

Name of Parent/Caregiver 2: _____ Relationship: _____

Telephone Parent/Guardian 1: home: _____ cell: _____ work: _____

Home Address: _____ Are you homeless?: Yes No

Desired Language of Service: English Spanish Other _____

Does your have an IEP?: Yes No

Are your parents members of the US Military?: Yes No

What is your Health Insurance Coverage?: Medi-Cal Private Don't Know Other _____

Please check all that apply

Trauma Exposed Behaviors	Disruptive Behaviors
<input type="checkbox"/> Exposed to community violence, other trauma	<input type="checkbox"/> Talks excessively
<input type="checkbox"/> Nightmares, intrusive thoughts	<input type="checkbox"/> Gets out of seat and moves constantly
<input type="checkbox"/> Anxious, fearful or irritable mood	<input type="checkbox"/> Interrupts and blurts out responses
<input type="checkbox"/> Jumpy or easily startled	<input type="checkbox"/> Inattentive, distractible, forgetful
<input type="checkbox"/> Avoids reminders of trauma	<input type="checkbox"/> Disorganized, makes careless mistakes
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Angry towards others, blames others
<input type="checkbox"/> Sexualized play or behaviors	<input type="checkbox"/> Fights and is aggressive
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Argumentative and defiant
Depressive Behaviors	Anxious Behaviors
<input type="checkbox"/> Sad, depressed or irritable mood	<input type="checkbox"/> Anxious and fearful
<input type="checkbox"/> Hopelessness, negative view of future	<input type="checkbox"/> Worries excessively
<input type="checkbox"/> Low self esteem, negative self statements	<input type="checkbox"/> Difficulty sleeping
<input type="checkbox"/> Self-injurious behaviors and/or thoughts	<input type="checkbox"/> Restless and on edge
<input type="checkbox"/> Changes in sleep and/or appetite	<input type="checkbox"/> Specific fears or phobias
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Diminished interest in activities	<input type="checkbox"/> Clingy behavior
<input type="checkbox"/> Low or decreased motivation	<input type="checkbox"/> Appears distracted



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Please share the reason you are seeking out mental health services.

Please share any significant academic, social, and/or family information.



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Parent/Guardian Consent Information

Date: _____

California law dictates that parent/guardian consent be obtained for all minors seeking mental health services, with a few exceptions.

Please check one of the following:

____ I am under 18 years of age. Please contact my parent/guardian to schedule an intake appointment.

____ I am 18 years or older and do not want my parents contacted regarding this referral. Please contact me at _____ to schedule an intake appointment.

____ I am 18 years or older and would like to have my parent/guardian contacted to schedule an intake appointment.

____ I am under 18 years old and do not want my parent/guardian to be notified of this referral. Please contact me at _____. **Note:** a therapist will meet with you one time to determine if you can legally receive services without the consent of your parent/guardian. If we are unable to provide the service without their consent, the therapist will discuss your options with you.

Thank you,

School Mental Health