



OUTPATIENT SCHOOL-BASED COUNSELING REFERRAL

- The parent/guardian must be notified by the school prior to making a referral and consent to their child receiving services.
- The family must provide insurance information prior to implementation of services.
- Referral form may be emailed to school@nlcsteam.com
- NLCS School Director - Nicole Stacey, LISW (440) 240-3252

STUDENT INFORMATION		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Street Address:	City:	Zip Code:
Phone:		
School Bldg:	Grade: Teacher:	
PARENT/GUARDIAN INFORMATION		
Is there a shared parenting plan/custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, a copy is required at assessment. *Parent/Guardian must be present at assessment and remain actively involved for the duration of treatment.		
Parent/Guardian Name(s):		
Home Phone:	Other Phone:	
Address same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No If different, please complete the address below.		
Street Address:	City:	Zip Code:
REASON FOR REFERRAL		
Referral Date:	Referred By:	Referral Phone:
Date Parent/Guardian Notified of Referral:		Response: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Parent/Guardian Response: <input type="checkbox"/> Verbally accepts referral; consenting for school to be informed the status of this referral <input type="checkbox"/> Declined		
Insurance Company Name:	Counseling Location Requested: <input type="checkbox"/> School <input type="checkbox"/> Office	
Secure email only accessible by parent/guardian for intake forms and scheduling:		