**Student Referral Form**

**(all information is required)**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_ Female: \_\_\_**

**Legal guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal guardian(s) Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal guardian(s) Email Address:\_**

**Legal guardian(s) Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Insurance (type and ID#):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the legal guardian aware of this referral?: Yes \_\_\_ No\_\_\_**

**Has a release been signed by the legal guardian?: Yes \_\_\_No\_\_ (Please attach release)**

**-If Yes, date of signature or verbal consent:\_\_\_\_\_\_\_\_\_\_\_**

**Does the student have an IEP or 504 Plan? Yes\_\_\_ No\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Teacher/Homeroom:**

**Name of Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship (social worker, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief reason for referral:**

**Please email referral to:**

[**BPSReferrals@wheelerhealth.org**](mailto:BPSReferrals@wheelerhealth.org)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **REGISTRATION FORM** | | | | | | | |
| **INFORMATION ABOUT THE PERSON BEING SEEN:** | | | | | | | |
| First Name: | | | Last Name: | | | | M.I. |
| Suffix: | Date of Birth: | | SSN: | | Email: | | |
| Current Address: | | | | | | | |
| City: | | State: | | | | Zip Code: | |
| Mobile #: | | Home Phone #: | | | | Work Phone: | |
| APPOINTMENT REMINDERS: How may we contact you for appointment notices? (**Please check one)**  **** Mobile Calls **** Home Phone Calls **** Text Messages \*Messages and data rates apply | | | | | | | |
| **WHO MAY WE CONTACT IN AN EMERGENCY?** | | | | | | | |
| Name: | | | | | Phone #: | | |
| Relationship: | | | | | | | |
| **INSURANCE INFORMATION** – PLEASE PROVIDE INSURANCE CARDS TO THE FRONT DESK | | | | | | | |
| Health or Dental Insurance Company:  No Insurance | | | | | | | |
| Policy ID #: | | | | | Group #: | | |
| **HOUSEHOLD INCOME** – HOUSEHOLD INCOME IS FOR GRANT REPORTING PURPOSES ONLY & NO PERSONALLY IDENTIFIABLE INFORMATION IS EVER REPORTED. THIS SECTION HELPS US TO RECEIVE FUNDING TO PROVIDE SERVICES TO THE COMMUNITY. | | | | | | | |
| **#** of people in your household: | | | | Household income: $ **** Yearly / **** Monthly / **** Weekly | | | |
| **DEMOGRAPHIC INFORMATION ABOUT CLIENT** – THIS INFORMATION HELPS INFORM US SO THAT WE MAY BETTER SERVE THE COMMUNITY. PLEASE SEE OUR NOTICE OF PRIVACY REGARDING THE SAFETY OF THIS INFORMATION. | | | | | | | |
| Ethnicity: **** Non-Hispanic **** Hispanic **** Refuse to Report | | | | | | | |
| Race: **** Native American **** Asian **** Black/African American **** Pacific Islander **** White **** Other | | | | | | | |
| Are you U.S. Military Veteran? **** Yes  **** No | | | | | | | |
| Do any of these situations apply to you? **** Migratory Worker **** Seasonal Worker  \*If Homeless: **** Shelter **** Transitional Housing **** Double Up **** Street **** Other | | | | | | | |
| Preferred Name: | | | | | Birth Sex: **** Male **** Female | | |
| Gender Identity: **** Male **** Female **** Transgender Male  **** Transgender Female **** other **** Decline to disclose | | | | | Preferred Pronoun: **** None **** He/Him/His  **** She/Her/Hers **** They/Them/Theirs **** Ze/Hir | | |
| Sexual Orientation: **** Lesbian, Gay, or Homosexual **** Straight or Heterosexual **** Bisexual  **** Something Else  **** Don’t Know **** Decline to Disclose | | | | | | | |
| Religion: **** Christian **** Muslim **** Jewish **** Buddhist **** Hindu **** Other **** Unaffiliated  **** Decline to Disclose | | | | | | | |
| **HOW BEST MAY WE COMMUNICATE WITH YOU?** | | | | | | | |
| What is your Preferred language for discussing healthcare? | | | | | | | |
| Any Additional assistance required? **** TTY **** Interpretive services related to your language choice above | | | | | | | |
|  | | | | | | | |