



**CLINICAL DIAGNOSIS  
REFERRAL FORM**

RETURN COMPLETED FORMS TO:  
BEHAVIOR CARE SPECIALISTS  
6009 W. 41ST ST. SUITE 4  
SIOUX FALLS, SD 57106



Behavior Care Specialists, Inc.

**CLIENT INFORMATION**

NAME \_\_\_\_\_

LAST

FIRST

MI

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_ SEX: \_\_\_\_ MALE \_\_\_\_ FEMALE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENTS/LEGAL GUARDIAN INFORMATION**

FATHER

Name \_\_\_\_\_

LAST

FIRST

MI

RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)

\_\_\_\_ PARENT \_\_\_\_ GUARDIAN \_\_\_\_ FOSTER PARENT \_\_\_\_ OTHER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PREFERRED METHOD OF CONTACT \_\_\_\_ HOME PHONE \_\_\_\_ CELL PHONE \_\_\_\_ EMAIL

MOTHER

NAME \_\_\_\_\_

LAST

FIRST

MI

RELATIONSHIP TO PATIENT (IF NOT PARENT, PLEASE PROVIDE LEGAL DOCUMENTATION OF GUARDIANSHIP)

\_\_\_\_ PARENT \_\_\_\_ GUARDIAN \_\_\_\_ FOSTER PARENT \_\_\_\_ OTHER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PREFERRED METHOD OF CONTACT \_\_\_\_ HOME PHONE \_\_\_\_ CELL PHONE \_\_\_\_ EMAIL

**SCHOOL DISTRICT/AGENCY INFORMATION**

TYPE OF ORGANIZATION: \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_ AGENCY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**DIAGNOSIS**

PLEASE LIST ANY CURRENT/PREVIOUS DIAGNOSES MADE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEN WAS THE CURRENT/PREVIOUS DIAGNOSES MADE \_\_\_\_/\_\_\_\_/\_\_\_\_

WHO MADE THE CURRENT/PREVIOUS DIAGNOSES

DOCTOR'S NAME \_\_\_\_\_

CLINIC NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL**

LIST ANY MEDICATIONS, VITAMINS, OR SUPPLEMENTS THE INDIVIDUAL IS CURRENTLY TAKING  
(INCLUDE DOSAGES AND STRENGTHS)

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LIST ANY MEDICAL CONCERNS SUCH AS CONSTIPATION OR CHRONIC HEALTH ISSUES

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**DIET**

LIST ANY DIETARY OR EATING/FEEDING CONCERNS FOR THE INDIVIDUAL

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**PRESENT CONCERNS**

REVIEW THESE CONCERNS AND RATE THE SEVERITY USING THE SCALE PROVIDED OR MARK NA.

1= NORMAL- NOT AT ALL    2= BORDERLINE PROBLEM    3= MILD PROBLEM    4= MODERATE PROBLEM  
5= MARKED PROBLEM    6= SEVERE PROBLEM    7= MOST EXTREME PROBLEM    NA= NOT APPLICABLE

**ACADEMIC/VOCATIONAL SKILLS**

PRESENT CONCERN	RATING							
ORGANIZATIONAL TASKS ARE SIGNIFICANTLY IMPACTED	1	2	3	4	5	6	7	NA
TIME MANAGEMENT AND LONG-TERM PLANNING ARE A CONCERN	1	2	3	4	5	6	7	NA
READING COMPREHENSION IS BEST AT FACTUAL LEVEL VERSUS UNDERSTANDING THE MAIN IDEA OR INFERENTIAL SKILLS	1	2	3	4	5	6	7	NA
WRITTEN EXPRESSION OR WRITING ARE A CONCERN	1	2	3	4	5	6	7	NA

ADDITIONAL INFORMATION

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**BEHAVIORAL**

PRESENT CONCERN	RATING							
SOLVING PROBLEMS AND NEGOTIATING	1	2	3	4	5	6	7	NA
FOLLOWING INSTRUCTIONS OR RULES	1	2	3	4	5	6	7	NA
GIVING OR RECEIVING HELP	1	2	3	4	5	6	7	NA
RIGID THOUGHTS OR BEHAVIORS	1	2	3	4	5	6	7	NA
DAILY LIVING SKILLS SUCH AS SELF-CARES, HOUSEHOLD TASKS AND DAILY NEEDS	1	2	3	4	5	6	7	NA

ADDITIONAL INFORMATION

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**PRESENT CONCERNS (CONTINUED)**

REVIEW THESE CONCERNS AND RATE THE SEVERITY USING THE SCALE PROVIDED OR MARK NA.

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**COMMUNICATION**

PRESENT CONCERN	RATING							
INITIATING WITH OTHERS	1	2	3	4	5	6	7	NA
ASKING QUESTIONS	1	2	3	4	5	6	7	NA
IMMATURE GRAMMAR	1	2	3	4	5	6	7	NA
LANGUAGE IS OFTEN "SELF-FOCUSED"	1	2	3	4	5	6	7	NA
REPEATS SPECIFIC THEMES/TOPICS IN SPOKEN LANGUAGE	1	2	3	4	5	6	7	NA
COMMUNICATION WAS/IS DELAYED	1	2	3	4	5	6	7	NA

ADDITIONAL INFORMATION

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## MOTOR SKILLS (FINE OR GROSS)

PRESENT CONCERN	RATING								
INDIVIDUAL IS CLUMSY OR UNCOORDINATED	1	2	3	4	5	6	7	NA	
PENMANSHIP IS MESSY/ILLEGIBLE OR CONVERSELY OVERLY PERFECTIONISTIC	1	2	3	4	5	6	7	NA	

### ADDITIONAL INFORMATION

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## PRESENT CONCERNS (CONTINUED)

REVIEW THESE CONCERNS AND RATE THE SEVERITY USING THE SCALE PROVIDED OR MARK NA

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## SOCIAL

PRESENT CONCERN	RATING								
LISTENING DURING A CONVERSATION	1	2	3	4	5	6	7	NA	
MAINTAINING EYE CONTACT	1	2	3	4	5	6	7	NA	
PARTICIPATING IN A GROUP	1	2	3	4	5	6	7	NA	
PLAY SKILLS	1	2	3	4	5	6	7	NA	
FRIENDSHIPS ARE SUPERFICIAL	1	2	3	4	5	6	7	NA	
HAS VERY FEW FRIENDS	1	2	3	4	5	6	7	NA	
TEASING/TAUNTING BY PEERS	1	2	3	4	5	6	7	NA	
GROUP PARTICIPATION WITH PEERS	1	2	3	4	5	6	7	NA	
UNDERSTANDING "HIDDEN" SOCIAL RULES	1	2	3	4	5	6	7	NA	

UNDERSTANDING OPINIONS OR EXPERIENCES OF OTHERS      1    2    3    4    5    6    7    NA

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UNDERSTANDING EMOTIONS OF DATING OR INTERACTIONS WITH A SIGNIFICANT OTHER      1    2    3    4    5    6    7    NA

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ADDITIONAL INFORMATION

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OTHER CONCERNS

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