

# Edison High School • Health Center

1425 S. Center Street  
Stockton, Ca. 95206 • (209) 933-7425 ext. 8092

## REFERRAL FORM

<b>Student's Name (Last, First):</b>	<b>Date of Referral:</b>
<b>Student's ID#</b> <b>Grade Level (Check one)</b> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	<b>Referral Source (check one):</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Care Team <input type="checkbox"/> Edison Staff: _____

<b>Student's Status (If applicable):</b> <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> Case Manager: _____
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### Reason for Referral: (Check all that apply)

- Behavior Concerns**  **Anger Management**  **Bullying**  **Anger Outbursts**  
 **Depressed Moods**  **Anxious Moods or Anxiety**  **Family Problems**  
 **Relationship Issues**  **Suicidal Thoughts**  **Grief/Loss**  **Substance Use**  
 **Aggressive Behaviors**  **Homelessness**  **Poor Hygiene**  **Sexual Abuse**  
 **Pregnant or Parenting**

**Was a CPS Report Filed?**  Yes  No

**Helpful details: (please be descriptive)**

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**Health Center Consent?**  Yes  No