Edison Health/Wellness

Health Center Coordinator, Sophia Cardona

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REFERRAL FORM

Student's Name: (*Last, First)*	**Date of Referral:**
Student's ID#: **Grade Level (*Check one*)** □ **9th** □ **10th** □ **11th** □ **12th**	**Referral Source: (*check one)*** □ **Self** □ **Parent** □ **Care Team** □ **Edison Staff:** ______________________

Student's Status: (*If applicable)*
□ **504** □**IEP** □ **Case Manager:** ______________________

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)*

Health Center Consent? □ **Yes** □ **No**

□ **CSU Intern** □ **TUPE** □ **Support Group** □ **Plus Mentoring** □ **Tier II Mentoring**
□ **Tier III** □ **Other**