

**CONSENT PAGE**

*Referral/Screening Source*

**Referring person:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Referring agency:** Public Health CFS Vista Del Mar Probation  
School: \_\_\_\_\_ First 5: \_\_\_\_\_  
VCMC program: \_\_\_\_\_ Other: \_\_\_\_\_

**Date of referral:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_ GroupWise

*Client Information*

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Sex:** M F

**Ethnicity:** Latino Caucasian African American Other \_\_\_\_\_

**Primary Language:** English Spanish Other: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Residence:** Shelter Care Relative(s) Biological Parent(s) Juvenile Justice Facility  
Foster Care Residential Treatment Facility Other \_\_\_\_\_

**Current Services:** Early Start Head Start Special Education Public Health First Five TBS  
Regional Center CFS: Worker's Name/Number: \_\_\_\_\_  
Probation: Officer's Name/Number: \_\_\_\_\_ Other: \_\_\_\_\_

**Insurance Status:** Medi-Cal # \_\_\_\_\_ Healthy Families No Insurance  
Other: \_\_\_\_\_

**Caregiver/Contact Name:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

**Caregiver Primary Language:** English Spanish Other: \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

*English Statement:* I hereby give consent for Ventura County Behavioral Health (VCBH) to exchange and release information from this screening with an assigned VCBH provider or affiliated private provider in order to evaluate me / my child for mental health services. I understand that I will be contacted within 7 days by the assigned provider. If I have not been contacted within 7 days or am unsatisfied with the assigned provider, I will call (805) \_\_\_\_\_.

*Spanish Statement:* Por la presente doy consentimiento para que Ventura County Behavioral Health (VCBH) intercambie y de información de esta breve evaluación a un proveedor de VCBH asignado o proveedor privado afiliado para poder evaluar a mi / mi niño(a) para servicios de salud mental. Yo entiendo que se van a poner en contacto conmigo en menos de 7 días para asignar a un proveedor. Si no se han puesto en contacto conmigo en 7 días o menos o si no estoy satisfecho con el proveedor asignado, voy a llamar al (805) \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## SCREENING FORM

### Urgent & Emergency Questions

#### *Quests for 18 Months old to Adult*

1. Danger to self or others in the last 30 days (Reckless, talks of hurting self or others, assaulting, animal cruelty, put self in danger, self-injurious, fearless, etc.)? Yes No Unknown
2. Bizarre/unusual behavior in the last 30 days (hallucinations, smears feces, severe toileting problems, paranoid, talks to self, wanders house at night, repetitive movements/vocalizations, preoccupation with routines or objects, self-stimulating behavior, excessively accident prone, etc.)? Yes No Unknown
3. Immediate need for medication consult or refill? Yes No Unknown
4. Experienced/witnessed abuse, violence, trauma, or neglect in the last 30 days? Yes No Unknown
5. Behaviors placing current living, educational, or childcare situation in jeopardy (excess non-compliance, daily outbursts, frequent arrests, needs supervision, excess truancy, property destruction, impulsive/disruptive, constantly challenging caregiver, etc.)? Yes No Unknown

#### Routine Questions

1. History of above behaviors more than 30 days ago? Yes No Unknown

List: \_\_\_\_\_  
\_\_\_\_\_

2. Difficulty managing emotions (persistent arching, floppiness or stiffening when held; inconsolable; severe temper outbursts/tantrums; excess worry; sleeping problems or nightmares; overactive; hopeless, sad, withdrawn, or cries frequently)? Yes No Unknown

#### *Quests for 0 to 5 years old*

3. Disconnected, excessively passive, or withdrawn (feeding problems; unresponsive to caregivers or environment; doesn't vocalize, cry, or smile; delayed language; doesn't play or interact with others; withdrawn; loss of previous skills, etc.)? Yes No Unknown

#### *Quests for 18 months old to Adult*

4. Social adjustment problems (damages property of self or others, runs away, lack of guilt or concern for others, steals, fights, mute, etc.)? Yes No Unknown

#### *Quests for 6 years old to Adult*

5. Problems making and maintaining healthy relationships (poor peer relationships, poor bond with caregiver, gang involved, provokes & victimizes)? Yes No Unknown
6. Personal care problems (poor hygiene, wets/soils self, eats non-food items, etc.)? Yes No Unknown
7. Significant functional or daily living problems (significant language delays, can't manage age appropriate skills, difficulty sleeping, difficulty understanding others, etc.)? Yes No Unknown
8. Known to abuse alcohol and/or drugs? Yes No Unknown

Medical issues: \_\_\_\_\_  
\_\_\_\_\_

Reason for referral/comments: \_\_\_\_\_

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## **Instructions for Completing a Referral to the VCBH Provider Network**

### ***Making the referral***

- STEP 1** Complete the information on the Consent Page and the Screening form .
- STEP 2** Have the guardian/adult client read and sign the consent for referral statement on the Consent Page in the appropriate language: A client cannot be referred without consent.
- STEP 3** Fax the completed Consent Page AND Screening form to the appropriate program, listed below.

### ***What happens next?***

- STEP 4** VCBH completes the Follow-Up form to triage and assign the referral to a an appropriate provider, which may be a VCBH program or contract provider.
- STEP 5** The assigned provider informs the referring party about the disposition of the referral.

*If you need assistance with a referral, an update regarding the referral process, or to provide more information regarding the referral, please contact the Clinic Administrator or Officer of the Day (OD) from the appropriate program, listed below. Thank you for your patience!*

<i>Dependency care youth</i>	<i>Young adults (18 to 23)</i>
Child Welfare Subsystem	VCBH Transitions Program
<b>Fax 289-1676</b>	<b>Fax 981-9271</b>
Phone 289-3383	Phone 982-9270

### ***For all other referrals***

Oxnard Options	Ventura Options	Santa Paula Options	Conejo Options	Simi Options
<b>Fax 981-8461</b>	<b>Fax 289-3395</b>	<b>Fax 933-0057</b>	<b>Fax 777-3574</b>	<b>Fax 582-7514</b>
Phone 981-8460	Phone 289-3100	Phone 525-1618	Phone 777-3505	Phone 582-7507

