

Mobile Crisis Referral Form

Referring School Name: _____		Number: _____	
Present Issues/Reason for Referral: _____			
Date: _____		Time of Call: _____	
Name of Crisis Dispatch Person: _____			
Level of School Concern (circle): (Low)>>1 2 3 4 5 6 7 8 9 10<<Imminent			(Contact Mobile Crisis Team if level of school concern is 5 or higher)
<input type="checkbox"/> Please contact school staff so that we can consult on the coordination of care for our student.			
Student Information			
Student Name: _____		ID#: _____	
Date of Birth: _____		Age: _____	
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
Parent/Guardian Name: _____			
Parent/Guardian Phone Number: _____		Parent Guardian Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Mailing Address: _____			
Street _____		City _____ Zip _____	
School Assessment			
Name: _____			
General Disposition of the Student			
<input type="checkbox"/> Anxiety attacks	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability, increase of	Medical Conditions
<input type="checkbox"/> Avoidance	<input type="checkbox"/> Flat affect	<input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Asthma
<input type="checkbox"/> Appetite, change in	<input type="checkbox"/> Forgetfulness, loss of concentration	<input type="checkbox"/> Risky behavior, increase of	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Crying spells	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Sleep, change in need for	<input type="checkbox"/> Seizures
<input type="checkbox"/> Depressed mood	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Sleep Pattern, disturbance of	<input type="checkbox"/> Medical, other (indicate):
<input type="checkbox"/> Excessive energy	<input type="checkbox"/> Inability to enjoy activities	<input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Medication (indicate):
<input type="checkbox"/> Excessive guilt	<input type="checkbox"/> Interest, loss of	<input type="checkbox"/> Worry excessive	<input type="checkbox"/> Other (indicate):
Has the student been hospitalized previously? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Suicidal/Homicidal Ideation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has the crisis line been called previously? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Past or present Department of Child Safety involvement? <input type="checkbox"/> No <input type="checkbox"/> Yes _____		Intent? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Notes: _____			
Responding Mobile Crisis Team: _____ Time Arrived: _____			
School wrap around staff/CFT contact name: _____ Number: _____			
Mobile Crisis Team (MCT) checklist: (To be completed by MCT prior to leaving school.)			
Name(s) of MCT members: _____			
<input type="checkbox"/> MCT debriefed with school staff. Provided safety plan & follow up recommendations.			
<input type="checkbox"/> MCT received Parent Acknowledgement of Contact & Authorization & Consent to Release Information form signed by parent/guardian.			
<input type="checkbox"/> MCT left student in care of school.			
<input type="checkbox"/> MCT transported student to _____			
Reminders:			
MCT needs the permission of parent/guardian before transporting a student.			
MCT will provide this form & Parent Acknowledgement of Contact & Consent to Release Information form to the Crisis Provider			
The Crisis Provider (EMPACT, TERROS or SPECTRUM) will follow up with school within one business day.			

****A minimum of 2 Copies of the form should be made. One copy should be provided to the Crisis Mobile Team and one copy to the school. Please ensure additional copies are made as needed.**

Parent Acknowledgement of Contact and Authorization and Consent to Release Information

I acknowledge the following by my signature below:

- I have made the following contact with a member of the staff of the _____ (school/district) concerning my student’s referral to Solari and the Crisis Mobile Team (EMPACT, TERROS or SPECTRUM- Maricopa; HORIZON HEALTH & WELLNESS- Pinal; COMMUNITY BRIDGES- Gila).
- I have been advised to seek the services of a mental health agency or therapist immediately. I understand that the school staff member listed below will follow up with me, my student, and the agency to which my student has been referred to ensure services have been initiated.

Name of school staff responsible for follow up _____ Title: _____

Name of student _____

Date of birth of student _____

Date of contact _____

Parent Signature: _____

Authorization and Consent to Release Information.

The District requests this authorization and consent in order to better support you and your student through the services we provide (e.g., collaboration, communication, consultation, continuity of care, re-disclosure of information, referral).

I authorize the Crisis Mobile Team (EMPACT, TERROS or SPECTRUM; HORIZON HEALTH & WELLNESS; COMMUNITY BRIDGES) to release and exchange information related to this referral with the following school or staff members.

Name of school or staff members(s): _____ Phone: _____

By signing below, I understand that in order to facilitate the delivery of services to my student, the final disposition summary from the mobile crisis team may be released and re-disclosed:

This authorization and consent will expire 180 days after date signed below. I understand that I can withdraw this authorization and consent at any time by written request. I give my authorization and consent freely, voluntarily, and without coercion. I release the District and members of its staff from any legal responsibility or liabilities that may arise as a result of this authorization and consent. I understand that a photocopy of this authorization and consent is considered acceptable in lieu of the original.

Student Signature

Date Signed

Parent/Guardian Signature

Date Signed

****A minimum of 2 Copies of the signed form should be made. One copy should be provided to the Crisis Mobile Team and one copy to the school. Please ensure additional copies are made as needed.**