

**T.O.D.A.Y.S.**



**Youth Services**

Today's Opportunities Directly Affect Youth Success

**DAY TREATMENT REFERRAL FORM**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Female School: \_\_\_\_\_

Male Grade: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Virginia Zip Code: \_\_\_\_\_

Medicaid # \_\_\_\_\_ Clients' Race: \_\_\_\_\_

Behavior Notes Attached  Directions Attached

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Virginia Zip Code: \_\_\_\_\_

Date of Initial Contact: \_\_\_\_\_

Serviceable Problems (select all that apply):

- |                                              |                                                |
|----------------------------------------------|------------------------------------------------|
| <input type="radio"/> Aggression/Bullying    | <input type="radio"/> Defiance                 |
| <input type="radio"/> Peer Relationships     | <input type="radio"/> Depression               |
| <input type="radio"/> School Failure/Truancy | <input type="radio"/> Profane/Abusive Language |
| <input type="radio"/> Peer Violence          | <input type="radio"/> Teen Parenting           |
| <input type="radio"/> Substance Abuse        | <input type="radio"/> Poor Coping Skills       |

Additional Serviceable Problems: \_\_\_\_\_

Does the client have difficulty establishing/maintaining normal interpersonal relationships – risk of hospitalization?  YES  NO

Does the client have difficulty in recognizing personal danger and/or engage in inappropriate social behavior?  YES  NO

Is one parent or responsible adult with whom the child is living, willing to participate in the therapeutic services, with the goal being keeping the child with the family or transitioning the child home?  YES  NO

Is the child willing to participate in services?  YES  NO

Professional Authorization (Person Completing Referral Form):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Fax: \_\_\_\_\_

Please fax to: T.O.D.A.Y.S. Youth Services – 804.355.5172 OR  
Click the Submit button to send via email