

CONTRA COSTA HEALTH SERVICES
 CHILDREN'S MENTAL HEALTH DIVISION
 REFERRAL FOR MENTAL HEALTH SERVICE
 CHILDREN AND YOUTH

MENTAL HEALTH ACCESS LINE
Phone: (888) 678-7277
Fax: (925) 372-4422

For emergency services, refer to PES 925-646-2800

For all financial codes except:
 CFS/Foster youth MediCal: Refer to CFS Social Worker
 HO/Commercial CCHP and H9 Healthy Families: Refer to CCHP
 (925) 957-7239

Date _____

**PROVIDER'S
 RETURN FAX:**

REFERRING PROVIDER (print) _____

Practice location _____

Person completing form _____ Contact # _____ Pager/VM/Phone

PATIENT NAME _____

PARENT/GUARDIAN NAME _____ Preferred Language _____

Phone #1 _____ Phone #2 _____ OK to leave a message? Yes No

Type of service requested Medication Psychotherapy/Counseling
 Other: _____

Reason for Consultation _____

Medical History _____

Current Medications _____

Past Medications _____

Areas of Clinical Concern	Mild	Severe		Mild	Severe
Attention/Impulsivity/Oppositionality	<input type="checkbox"/>	<input type="checkbox"/>	Developmental issue	<input type="checkbox"/>	<input type="checkbox"/>
Socialization/Communication	<input type="checkbox"/>	<input type="checkbox"/>	Aggression/Assault	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Agitation/Mood swings	<input type="checkbox"/>	<input type="checkbox"/>
Cognition/Memory/Thought problems	<input type="checkbox"/>	<input type="checkbox"/>	Hearing voices/Psychosis	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Fears/Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	Physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Substance/Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	Peer relations	<input type="checkbox"/>	<input type="checkbox"/>
Family relations	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
School attendance/Suspension	<input type="checkbox"/>	<input type="checkbox"/>			

History of Significant Risk	Recent	Past		Recent	Past
Suicidal thoughts or acts	<input type="checkbox"/>	<input type="checkbox"/>	Threat of removal from home	<input type="checkbox"/>	<input type="checkbox"/>
Behavior threatening/Dangerous to self/others	<input type="checkbox"/>	<input type="checkbox"/>	or residential placement	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>			

DISPOSITION (To be completed by Access Line Staff)

Referral to county MH clinic/clinician: _____ Appt. Date/Time _____

Authorized/Referred to network providers. Parent/Guardian to call for appointment.

Consumer has commercial CCHP. Request faxed to CCHP. For questions, call 925-957-7239.

Unable to contact parent/guardian. Please refer to MH Access Line at 888-678-7277.

Other: _____

Disposition made by (print name) _____ Staff Phone number _____

Information faxed to referring provider on (date): _____

Children's Mental Health Referrals

Date:

Dear Parent,

Your child has been referred to our Children's Mental health program for counseling or support. Sometimes a child's behavior can be improved by talking to a mental health counselor. This program can also assist your child if medications are needed for a mental health problem such as depression.

Please contact the Children's Mental Health program as soon as possible to discuss your concerns about your child. They are available Monday – Friday between 8 am and 4:30 pm at:

Children's Mental Health Access Line: 1-888-678-7277

All calls to this phone number are confidential. You will need:

- A quiet, private place to discuss your concerns
- Your child's MediCal or Social Security number
- Your child's date of birth

The counselors have interpreters if necessary. They will ask you a series of questions in order to decide who is the best doctor or therapist to help you with your child. If they are busy when you call, please wait and they will pick up the call as soon as possible.

[] Your doctor or nurse has made a written referral to the Access Line. A clinician at the Access line will attempt to contact you by phone when they receive this referral. Please give your doctor the best contact information so that the Access line can reach you during the day.

Thank you.