WellStone
NOVA CENTER FOR YOUTH & FAMILY

FEP REFERRAL FORM

Referral Source:______________________ Date of Referral: ______________________

Referral Source Email: ______________________ Phone #: ______________________

Agency and/or department: ______________________

Child's Name: ______________________ Active Nova Client? ___ Yes ___ No

Age: _________ DOB: ____________ Gender: __________ Race: __________ MRN: ____________

School: ______________________ Grade: ______________________

Guardian's Name: ______________________ Relationship to Client: ______________________

Phone: ______________________ Type of insurance: ______________________

Current Diagnosis: ______________________

Current Medications: ______________________

History of Drug/Alcohol Use/Abuse: ______________________

Most Recent Hospitalization: ______________________

Current TX Provider: ______________________ Days in Current TX: ______________________

Check all symptoms that apply:

	Changes in thinking (Odd ideas, Grandiosity, Suspicious)		Emotional changes (depressed, anxiety, irritable, flat, moody)
	Changes in speech (disorganized, slowed-down, hyper)		Behavioral changes (poor hygiene, more isolative)
	Dramatic reduction in overall functioning		Changes in perceptions (Auditory, tactile, visual hallucination)
	Deterioration in functioning		Family history of Mental Illness

Presenting Problems that Need to be Addressed: Please use this space to provide additional information. If possible, include information about symptoms or behaviors that have prompted the referral, stressors affecting the person's ability to function, and natural supports such as family, friends, church, etc., that may support treatment. Attach additional sheets as necessary.

____

____

____

____

____

____

WellStone
NOVA CENTER FOR YOUTH & FAMILY

FEP REFERRAL FORM

Disposition *To be filled out by the Nova therapist*

☐ **Accepted** Assigned to: ______________________________

Intake Date: ______________________________

☐ **Denied** Reason: ______________________________

Further Recommendations: ______________________________