



# ASIAN HUMAN SERVICES

## Counseling Referral Form

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Language: \_\_\_\_\_ Insurance: Medicaid (RIN) \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

**Reason for Referral** (*brief description of behavioral, social or emotional problems*):

Please use additional pages for description if needed

I give my consent for an Asian Human Services intake staff to consult with school regarding my child and to contact me for setting up counseling services.

Parents Name \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date of Signature \_\_\_\_\_

Please circle ALL times that the student is available for sessions during the school day.

9:00am 9:30am 10:00am 10:30am 11:00am 11:30am 12:00pm 12:30pm 1:00pm 1:30pm 2:00pm 2:30pm 3:00pm 3:30pm

*Please email referral form to [AHSSStudentReferrals@ahschicago.org](mailto:AHSSStudentReferrals@ahschicago.org) [Attn: Child & Adolescent Mental Health]. Give the original form to school counselor.*