



**Center for Psychosocial Development**

3935 Reka Drive  
Anchorage, AK 99508  
Phone: 907.646.0707

**REFERRAL FORM**

This information is confidential and will not be released to outside parties without signed consent.

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

Person being referred: \_\_\_\_\_  
(Name) (Date of Birth)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Contact Info: \_\_\_\_\_  
(Home #) (Cell #) (Email)

Living Arrangement: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_  
(Name) (Number) (Email)

Payee: \_\_\_\_\_  
(Name) (Number) (Email)

Care Coordinator: \_\_\_\_\_  
(Name) (Number) (Email)

- |                                 |   |                                     |  |                                       |
|---------------------------------|---|-------------------------------------|--|---------------------------------------|
| Gender:                         | Race:                                     |                                     |  | Ethnicity:                            |
| <input type="checkbox"/> Male   | <input type="checkbox"/> American Indian  | <input type="checkbox"/> Aleut      | <input type="checkbox"/> Tlingt              | <input type="checkbox"/> Hispanic     |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian            | <input type="checkbox"/> Alutiiq    | <input type="checkbox"/> Tsimshian           | <input type="checkbox"/> Not Hispanic |
|                                 | <input type="checkbox"/> Black            | <input type="checkbox"/> Athabascan | <input type="checkbox"/> St. Lawrence Yup'ik | <input type="checkbox"/> Unknown      |
|                                 | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Cup'ik     | <input type="checkbox"/> Yup'ik              |                                       |
|                                 | <input type="checkbox"/> White/Caucasian  | <input type="checkbox"/> Haida      |  |                                       |
|                                 | <input type="checkbox"/> Unknown          | <input type="checkbox"/> Iñupiaq    |  |                                       |

Person Making Referral: \_\_\_\_\_  
(Name) (Relationship)

Contact Info: \_\_\_\_\_  
(Phone) (Email)

Referral's Primary Agency: \_\_\_\_\_  
(Name)

Secondary Agency (if applicable): \_\_\_\_\_  
(Name)

- Best person to reach for scheduling appointments:
- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Me                    | <input type="checkbox"/> Staff  |
| <input type="checkbox"/> Person being referred | <input type="checkbox"/> Family |
| <input type="checkbox"/> Guardian              | <input type="checkbox"/> Other  |

Name & number if different: \_\_\_\_\_

### Circle of Support

Please let us know who we can contact (Name(s) and phone number(s)) if an emergency were to arise while the referral is in our care:

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### Education History

Highest level of education: \_\_\_\_\_ Ever enrolled in special education: YES NO

Name of last school attended: \_\_\_\_\_ City, State: \_\_\_\_\_

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### Developmental & Medical History

Has the referral ever been exposed to in-vitro alcohol/substances?

- Yes
- No
- Suspected
- Unknown

Has the referral experienced any of the following?

- Allergies
- Asthma/lung problems
- Diabetes
- Heart disease/problems
- Seizure disorder
- Stroke
- TBI

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### SMI, Trauma, & Family History

Has there been a history of psychiatric hospitalization? YES NO

Date of most recent: \_\_\_\_\_

Has there been a history of suicidal ideation? YES NO

Was the referral ever a witness to substance abuse? YES NO

If so, what relationship were they to the referral (please list all persons)? \_\_\_\_\_

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Is there a history of substance abuse in the family? YES NO

If yes, who: \_\_\_\_\_





If divorced or separated, for what reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Assessments**

Neuropsychological (IQ)

Conducted by: \_\_\_\_\_ Score: \_\_\_\_\_

STABLE

Conducted by: \_\_\_\_\_ Score: \_\_\_\_\_

STATIC

Conducted by: \_\_\_\_\_ Score: \_\_\_\_\_

BARR

Conducted by: \_\_\_\_\_ Score: \_\_\_\_\_

Other:

Conducted by: \_\_\_\_\_ Score: \_\_\_\_\_

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**Perpetration history - Please provide details**

Adjudicated sex offenses (most recent first):

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Other adjudicated criminal offenses (most recent first):

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Adult or Juvenile

Current legal status: \_\_\_\_\_

Incidents of inappropriate sexual behavior that had no legal outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current level of supervision required: \_\_\_\_\_

