



Please email completed form to mhintake@ariseinc.org

ARISE MH Intake Referral

Location requested for services: _____

Client's Legal Name: _____ Preferred Name: _____

DOB: _____ Age: _____ Grade: _____

Gender assigned at birth: Male Female Preferred Gender: _____

Preferred Pronouns: _____ Ethnicity: _____

Physical Address: _____

Mailing Address: _____

Responsible Party Information

Name: _____ Relationship to child: _____

Phone #: (Home): _____ (Cell): _____ (Work): _____

Email address: _____

Is the responsible party the legal guardian: No Yes

If there is legal guardianship or custody established, please provide documentation of this.

Insurance Information

Insurance Name: _____ Member ID: _____

Subscriber Name as shown on card: _____

Medicaid: No Yes Medicaid ID: _____

If Medicaid, please add type of Community Plan: _____

Secondary Insurance Information

Insurance Name: _____ Member ID: _____

Subscriber Name as shown on card: _____

Name and phone number of who is financially responsible for any fees that are not covered by insurance:

Emergency Contact Information

Name of Emergency Contact: _____ Relationship to child: _____

Phone #: _____

Referral Information

Referred by: _____ Relationship/Position: _____

Does this individual being referred currently have mental health services? No Yes

If yes, where: _____

Is parent / legal guardian aware of referral : _____

Reason for Referral

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Please check all that apply:

Behavior Difficulties at School

Grades are Impacted

Other School Concerns

Social Concerns at School

Attendance Issues

Family Concerns

Check all specific areas of concern:

Easily Distracted

Frequent Somatic Complaints

Isolates from Peers

Recent Withdrawal from Friends

Depressed Mood

Excluded by peers/lacks significant friend

Verbally threatening/Aggressive

Poor/Deteriorated Hygiene

Mood Swings

Anxious Moods

Crying/ Tearfulness

Anger Outburst

Sudden changes in mood/behavior

Parents Divorce/Separations

Out-of-home Placement

Suspected Substance Abuse

Homeless

Death of family/friend

Physically Aggressive

Disruptive Behaviors

Inappropriate language/gestures

Inappropriate sexual behaviors

Destruction of Property

Lethargic

Attention-Seeking Behaviors

Argumentative

Disrespectful Behaviors

Refusal to comply with rules/requests

Excessive Dislike of School

Excessive absenteeism/tardiness

Failure to complete/return homework

Failure/Refusal to complete tasks

Slipping grades

Bullied by Others

History of Trauma

Additional concerns not listed: