



UPAC Multicultural Community Counseling – Referral Form
5348 University Ave Suite 108, San Diego, CA, 92105
Phone: (619) 578-2211; Fax (619) 578-2245

Referring Party Name: _____ Phone Number: _____
 Agency Name: _____

CLIENT INFORMATION

Date: _____ Name: _____
 DOB: _____ Age: _____ Gender: M F Non-Binary
 Social Security #: _____
 Insurance: Medi-Cal #: _____ or No Insurance
 Ethnic Background: _____ Language: _____
 School: _____ Grade: _____
 Home Address: _____
 Received Services Before? Y N If yes, where and when: _____

CAREGIVER INFORMATION

Name: _____ Relationship: _____
 Contact Phone #: _____ Home Cell Language: _____

PRESENTING CONCERNS

<input type="checkbox"/> Family Conflict	<input type="checkbox"/> ♦Suicidal	<input type="checkbox"/> Grades
<input type="checkbox"/> * Abuse (physical, emotional, sexual)	<input type="checkbox"/> ♦Making Threats	<input type="checkbox"/> School Attendance
<input type="checkbox"/> Neglect	<input type="checkbox"/> Unusual Behavior	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Loss/Death/Separation	<input type="checkbox"/> Physical/Health Problems	<input type="checkbox"/> Hyperactive/Inattentive
<input type="checkbox"/> Gang Affiliated	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Legal/Juvenile Justice/CPS	<input type="checkbox"/> Depressive/Moody/Withdrawn	<input type="checkbox"/> Social Problems
<input type="checkbox"/> Homeless	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> * Witness traumatic event
<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Inappropriate Sexual Behavior	

Other: _____

Additional Comments:

For Office Use:	URGENT
Assigned to: _____	Date: _____
Referral Closed	
Reason: _____	Date: _____