

# LIGHTHOUSE REFERRAL

Juvenile's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral date: \_\_\_\_\_ Court date: \_\_\_\_\_ Assessment due date: \_\_\_\_\_

Referring County: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent contact information:

Juvenile resides with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Parent/guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

## Reason for referral and history:

Presenting problem (include current charges)

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Previous treatment

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Substance abuse/mental health concerns

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Current medications

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