

Please fax this form to: Family Forces

Fax: 858-277-7908

Ph: 858-277-7907



**FAMILY FORCES**

COUNSELING FOR MILITARY FAMILIES

Name of Referring School

Phone

(Full Legal Name)

First	Middle	Last	Age	Sex	Date of Birth
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Social Security Number	Email Address	Phone Number
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Address

City Zip

FOR MINORS: Parent/Guardian Name	Relationship
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Telephone Home	Cell	Work	Email
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Has the family given consent for Family Forces to contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of family member/guardian: \_\_\_\_\_

Name of person that spoke with the family about counseling: \_\_\_\_\_

Date of Consent: \_\_\_\_\_ Family member contacted \_\_\_\_\_

Best time and method to reach the family: \_\_\_\_\_

**Funding:** Please check if known

Tricare: Yes  No  Other Health Insurance: Yes  No

Sponsor Name \_\_\_\_\_

Sponsor DOB \_\_\_\_\_

Sponsor SSN: \_\_\_\_\_

**Current or Previous Provider Info** (If known)

Counseling: Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Medication Yes  No  Date: \_\_\_\_\_

If yes, who prescribed? \_\_\_\_\_

Type of medication: \_\_\_\_\_

**Reasons for Requesting Mental Health Evaluation:**

Please check all that apply to this student

- |                        |                         |                        |                    |
|------------------------|-------------------------|------------------------|--------------------|
| Disruptive Behavior    | Anxious                 | Family Problems        | Academic concerns: |
| Inappropriate Behavior | Social Problems         | Death of Family Member | Performance        |
| Anger Outburst         | Moody                   | Separation             | Attendance         |
| Talks Back             | Alcohol/Substance Abuse | Divorce                |                    |
| Fights                 | Health Problems         | Other                  |                    |
| Sad                    | Financial Problems      |                        |                    |
| Withdrawn/Isolates     |                         |                        |                    |

**Additional Comments/Concerns:**

Name of Person Completing Form:	Position:	Phone Number:	Today's Date
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