COUNTY OF LOS ANGELES
REFERRAL FOR THERAPEUTIC BEHAVIORAL SERVICES (TBS)

1. Date Referred: _____

2. Name of Child: _____ **3. IS #:** _____

4. Birth Date: _____ **5. Age:** _____ **6. Gender:** _____

7. Ethnicity: _____ **8. Medi-Cal #:** _____

9. Social Security #: _____

10. Child's Address: _____

11. Child's Phone #: _____

12. Parent/Guardian Name: _____

13. Address: _____

14. Phone #: _____

15. Child currently residing with

☐ Parent ☐ Foster Home ☐ STRTP ☐ Other (specify): _____

If STRTP or above, Name: _____

16a. Child's primary language: _____ **16b. Language spoken in home:** _____

17. TBS is needed to: (*check one*)

- ☐ Prevent placement in a higher level of care
- ☐ Enable transition to a lower level of care

18. TBS Class Membership (*check <u>all</u> that apply*):

- ☐ The child/youth is currently placed in STRTP or above and/or locked treatment facility for the treatment of mental health needs.
- ☐ Child/youth is being considered by the County for placement in one of the facilities described above.
- ☐ Child/youth has undergone at least one emergency psychiatric hospitalization. related to their current presenting disability within the preceding 24 months.
- ☐ Child/youth previously received TBS while a member of the certified class.
- ☐ Child/youth is at risk of Psychiatric Hospitalization.

19. Describe child's current situation and reason for requesting TBS:

COUNTY OF LOS ANGELES
REFERRAL FOR THERAPEUTIC BEHAVIORAL SERVICES (TBS)

20. Current Diagnosis:
Diagnostic Descriptor

ICD Diagnosis Code
(Check at least one Primary)

_____ ☐ Primary Code _____

_____ ☐ Secondary Code _____

_____ Code _____

_____ Code _____

_____ Code _____

21. Is child prescribed medication? ☐ Yes ☐ No

Medication & dosage: _____

22. List risk factors, special needs:

23. Current mental health service provider:

Name and Title: _____

Agency: _____ Phone: _____

Address: _____

24. DCFS/CSW (if applicable):

Name: _____ Phone: _____

25. Probation Officer (if applicable):

Name: _____ Phone: _____

26. List current behaviors for TBS to address (include frequency of occurrence):

1. _____

2. _____

27. Referring Party:

Name: _____ Phone: _____

Relationship to Client: _____

28. Signature _____ **29. Date:** _____