

**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       Group Home       Other (specify): \_\_\_\_\_
- If Group Home, Name & RCL #: \_\_\_\_\_
- 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 all that apply*):
- \_\_\_\_\_ Child in RCL 12 or above, and/or a locked treatment facility for the treatment of mental health needs.
- \_\_\_\_\_ Child is being considered for RCL 12 or above, and/or a locked treatment facility for the treatment of mental health needs.
- \_\_\_\_\_ Child has had one or more psychiatric hospitalization within the past 24 months  
If yes, give date(s) \_\_\_\_\_
- \_\_\_\_\_ Child previously received TBS  
If yes, give date(s) \_\_\_\_\_

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

I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**20. Current Diagnosis:**

AXIS I \_\_\_\_\_  
\_\_\_\_\_

AXIS II \_\_\_\_\_

AXIS III \_\_\_\_\_ AXIS IV \_\_\_\_\_

AXIS V Current GAF \_\_\_\_\_

**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:** \_\_\_\_\_