THERAPEUTIC SERVICES AGENCY, INC.

Deaf, Hard of Hearing, and DeafBlind Mental Health Program

Referral Information

Client Name:	**Age:**	**DOB:**	**Sex:**	**Race:**
American Indian-AI Asian-A Black-B Native Hawaiian & Other Pacific Islanders-P White-W Other-O Not Known-NK				

Family Members' Names:	**Age:**	**Relationship to client:**

Client's Address:	**City:**	**Zip Code:**

Parent/Legal Guardian Name:	**Email:**	**Phone:**	**msg ?**
			Y / N
			Y / N

Primary reasons for seeking services:

Who made the recommendation to refer for services:	
Name:	Agency:
Phone:	Email:

Has a Diagnostic Assessment been completed? No / Yes	Date completed:
Where was DA Completed?	Who completed the DA?
Were services provided? No / Yes	Last Date of Service?

Hearing Loss:	**Amplification:**
Left Ear: ___ Mild; ____ Moderate; ____ Severe; ____ Profound	___ Hearing Aid; ___ BAHA; ___ CI
Right Ear: ___ Mild; ____ Moderate; ____ Severe; ____ Profound	___ Hearing Aid; ___ BAHA; ___ CI
Wears amplification at school? Yes / No	At home? Yes / No

Communication:
Does the child/adolescent communicate at a similar level of same age typical peers. Yes / No
Receptive: ____ Spoken English; ___ ASL; ____ Signed System; ____ Protactile
Expressive: ____ Spoken English: ___ ASL; ____ Signed System; ____ Protactile
What is the Child/Adolescent primary mode of communication at home?
What is the Child/Adolescent primary mode of communication at school?
Do they have an Interpreter? Yes / No Do they use CART? Yes / No

Vision Loss (compete this section if there is a combined hearing and vision loss (DeafBlind):
Visual Acuity _____ (20/60 or less with eyeglasses)
Vision Field: _____ (20 degrees or less)
Degenerative Eye Condition:
Cortical Vision Impairment:

Other Service Providers	PCP:
GAL:	County Worker:
Probation Officer:	Psychiatrist:

School:	**Grade:**
Name:	IEP: Yes / No
Address:	504: Yes / No

Insurance Information:		
Medical Assistance:	ID#	
Insurance Provider:	ID#	
	Group #	
Insured's Name:	DOB:	Employer:

Fax completed forms to 651-925-0071

Or call 320-629-7606