



**Aviva Family & Children’s Services – Referral Form**

3580 Wilshire Blvd., Suite 800, Los Angeles, CA 90010

213.637.5000 x3753 phone / 213.355.8527 fax

Referral Date:	Social Security #:
Medi-Cal Card #:	How did you hear about us?
***Please attached a picture of the medi-cal card if you have it***	_____
	_____
	_____

**CLIENT INFORMATION**

Name:	DOB (MM/DD/YY):
Gender:	Age:
Preferred Language:	Grade:
Interpreter Needed: <input type="checkbox"/> yes <input type="checkbox"/> no	Ethnicity:

**CAREGIVER INFORMATION**

Name:	Relation to Client:
Phone Number:	Preferred Language:
Address:	Interpreter Needed: <input type="checkbox"/> yes <input type="checkbox"/> no
City: Zip:	Legal Custody: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> shared N/A

Lives with:  Bio Mo  Bio Fa  Guardian  Foster  Other Number People Living in Home: \_\_\_\_\_

PREFERRED LOCATION OF SRV:  Office  Home  School PREFERRED THERAPIST:  Female  Male  Either

**PERSON REFERRING**

**SCHOOL INFORMATION**

Person Referring:	School:
Relation to Client:	Contact Person:
Phone Number:	Phone Number:
Address:	Address:
City Zip	City Zip

**REASON FOR REFERRAL** *(please check all that apply)*

- |                                                       |                                                 |                                              |
|-------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Behavior Problems            | <input type="checkbox"/> Emotional Problems     | <input type="checkbox"/> Thinking Problems   |
| <input type="checkbox"/> Parenting Practices Problems | <input type="checkbox"/> Abuse / Neglect        | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> Sexual Exploitation (CSEC)   | Other: _____                                    |                                              |
| <input type="checkbox"/> Defiance                     | <input type="checkbox"/> Risk of Failing School | <input type="checkbox"/> DCFS Involvement    |
| <input type="checkbox"/> Verbal Aggression            | <input type="checkbox"/> Physical Aggression    | <input type="checkbox"/> Truancy             |
| <input type="checkbox"/> Anxious                      | <input type="checkbox"/> Depressed              | <input type="checkbox"/> Suicide Ideation    |

*(Please provide a detailed description)* \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---