

Clinical Services Branch Consult Request Form

<u>Demographic information</u>	
Youth name:	
Youth DOB:	
DCBS case #:	
Designated as medically complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Reason for call request</u>	
<input type="checkbox"/> Understanding mental and behavioral health conditions and the impacts of those conditions on a youth's behavioral, cognitive, and social functioning	<input type="checkbox"/> Understanding the impacts of trauma/maltreatment on a youth's behavioral, cognitive, and social functioning
<input type="checkbox"/> Interpretation of psychological testing reports	<input type="checkbox"/> Brainstorming supports/services for implementation into a youth's treatment
<input type="checkbox"/> Identification of treatment needs	<input type="checkbox"/> Assisting with strengths-based, person-centered, and trauma-informed language
<input type="checkbox"/> Feedback and interpretation of treatment plans	<input type="checkbox"/> Other, specify:
<u>Additional questions:</u>	
Has a consultation with regional leadership been held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of consult:	
Consult recommendations:	
Has regional leader reviewed the 886A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was an updated 886A sent for referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Please submit the following documents along with this form to the Regional Placement Coordinator, if applicable.</u>	
<input type="checkbox"/> Psychological testing reports	<input type="checkbox"/> Discharge summary(ies)
<input type="checkbox"/> Individual Education plan (IEP)	<input type="checkbox"/> Case management report with rejections
<input type="checkbox"/> Current treatment plan	<input type="checkbox"/> Copy of the two-week notice
<input type="checkbox"/> Presentation summary	<input type="checkbox"/> Other: