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School-Based Health Centers

- Hazelwood School District
- Jennings School District
- Ritenour School District
- Riverview Gardens School District

CareSTL Health
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Office: 314.371.3100 Fax: 314.289.8718

For more information visit...
www.carestlhealth.org



School-Based Health Services – Referral Form

Student: _____ Grade: _____ Date: ___/___/_____

School Name: _____ Referred By: _____

Parent/Legal Guardian has been informed of the presiding issue and that a referral has been made.

Reason for Medical Review (Check all that apply)

Immunization Chronic Disease Management Sick Visit Physical Exam

Reason for Behavioral Health Referral (Check all that apply)

Academic

Attendance Study Skills Underachievement

Organization Homework Poor Attention

Other: _____

Social/Emotional

Adjustment Anger Management Anxiety

Bullying Family Conflict Grief (Loss/Death)

Health (Family/Self) Negative Attitude Personal Hygiene

Self-Esteem Social Skills/Friends Theft/Vandalism

Uncooperative/Defiant Withdrawn/Shy

Other: _____

Does the student have any of the following?

Individualized Education Plan Behavior Intervention Plan 504 Plan

Other: _____

Comments:
