



School Collateral Information

Youth Name: _____ Date of Birth: _____ Gender: _____ Grade: _____
District: _____ School: _____
Parent/Guardian Name & Phone Number: _____
Parent/Guardian Name & Phone Number: _____

Is there a custody order for this youth? Yes No Unknown

Is there a restraining order/protective order against a parent/guardian? Yes No Unknown

If yes, please specify:

Does the youth have any medical conditions? Yes No Unknown

If yes, please specify:

Does the youth currently take any medications? Yes No Unknown

If yes, please list:

Is youth in foster care? Yes No Is youth in group home? Yes No

Is youth involved with Department of Social Services/ CPS? Yes No

If Social Worker known, please list name and contact information:

Is youth involved with Department of Probation? Yes No

If Probation Officer known, please list name and contact information:

Does the youth have a history of substance use or alcohol use? Yes No Unknown

If yes, please provide details:

Does the youth have an IEP? Yes No Or a Section 504 plan? Yes No

If yes, please list disabling condition(s):

Does the youth have any prior mental health or medical diagnosis(es)? Yes No

If yes, please list:

Has the youth been on a 5150 hold recently or in the past? Yes No

If yes, please describe:

Has the youth been hospitalized recently or in the past at a psychiatric inpatient facility? Yes No

If yes, please describe:

Has the youth received outpatient psychiatric treatment or therapy in the past or currently? Yes No

Please name provider if known:

Does the youth have history of self-harming behavior? Yes No

If yes, please describe:

Please state why the youth is being brought in today?

Any questions for the provider you would like to ask us?

What services can we help you with?

Do you have any additional information you feel would be beneficial for our provider to know?

Completed by (Name/Title): _____ Date: _____

Signature: _____