



The Harris Center for Mental Health and IDD
CAS Co-Location Program
 Phone: 713-970-3800 option 2 // Fax 713-970-3314
 Email: CASReferrals@TheHarrisCenter.org

Date:

<i>Child/Adolescent Information</i>			
Name	DOB	Gender F M	SS#
Address	City	Zip	County
Parent/Guardian's Name	Parent/Guardian's Signature	Primary Language English Spanish Other	
Contact Number	Alternative Contact Number		
Guardian (please select one) Biological Parent Biological Grandparent Biological Aunt/Uncle Biological Adult Sibling CPS Foster Parent Other		Guardian's Marital Status (please select one) Single Married Divorce Separated	
Reason for Non-Crisis Referral	Grade	School Name	School District

<i>Insurance Information</i>		
Type of Insurance: (Please select all that applies)		
Medicaid Insurance Plan _____ Medicaid ID No. _____	No Insurance	Private Insurance/CHIP Insurance Insurance Plan _____ Policy No. _____ Group No. _____ Insurance Phone No. _____

For Mental Health Emergencies, you may call our Crisis Unit:
 Neuropsychiatric Center (NPC)
 at (713) 970-3800 (open 24 hours a day)

<i>Problem Areas</i>	
Withdrawn / Depressed Behavior Sleeping Difficulties Eating Problems Worrying /Anxious Poor Attention Span Impulsive Poor School Performance Easily Angered or Irritable Stealing, Lying, Cheating Disrespectful or Argumentative	Disrespectful / Argumentative Substance Abuse Self-Destructive Fire Setting / Property Destruction Hallucinations / Delusions Violence or Cruelty to Animals Verbally / Physically Aggressive Strained Family Relationships Deteriorating Classroom Behavior Other (explain): _____

<i>Requesting Screening for the Following:</i>		
Information & Referral	Assessment	Individual or Family Counseling

Referral Source Name:

Email Address:

Number: