

FLORIDA DEPARTMENT OF JUVENILE JUSTICE SAMPLE MENTAL HEALTH/SUBSTANCE ABUSE REFERRAL SUMMARY

DJJ Facility		Circuit
Youth's Name		JJIS #
Youth's DOB:	Sex	Race
1. REASON FOR REFERRAL: (Behaviors and Events Necessitating YOUTH SELF-REFERRAL: If yes, record youth's statements reg	Yes No	
2. REFERRED FOR: Assessment of Suicide Risk Crisis Assessment/Intervention Mental Health Alert Status Exam Comprehensive Mental Health Evaluation or Updated Evaluation 3. REFERRED TO: (MENTAL HEALTH/SUBS	Updated Mental H Mental H Other:	ensive Substance Abuse Evaluation or Evaluation ealth Consultation or ealth Support Services
(Provider Name)	(Provide	er Telephone no.)
4. NARRARTIVE OF THE MENTAL HEAL COMMENTS OR INSTRUCTIONS:	•	,
Signature of Staff Member Making Reference Time:	ral Facility	Superintendent/Designee Signature

Rule 63N-1 MHSA 014 August 2006