



Youth Behavioral Health Liaison Referral

Date of Referral: _____ **Referred by:** _____ **Phone:** _____ **Email:** _____

Youth Status (check all that apply):

- In adult custody, pending case disposition
- Out of adult custody, on Pretrial Release or pending disposition
- In Juvenile detention, pending case disposition
- Juvenile Court case, pending case disposition
- Community Resource Court
- In Diversion (DJJ or MDP)
- Post-Disposition
- Youth in school, presenting with behavioral concerns

Reason for Referral (check all that apply):

- Mental Health Assessment and Treatment Recommendations
- Substance Use Assessment and Treatment Recommendations
- Youth in Crisis (detention, incarceration, lack of housing, family dysfunction)
- Case Management/Care Coordination/Referral
- For youth in detention/custody only: Counseling, mental health custody issues, medication needs, treatment referrals and discharge planning.

Youth Information:

NAME: _____

PHONE NUMBER: _____ **DOB:** _____ **SCHOOL:** _____

ADDRESS: _____

FAMILY MEMBER/GUARDIAN CONTACTS:

INTERPRETER NEEDED for Family Member or Guardian? Yes No. If yes, what language? _____

DEFENSE COUNSEL (if applicable): _____

COURT COUNSELOR (if applicable): _____

COURT DATE (if applicable): _____

DSS SOCIAL WORKER (if applicable): _____

PLEASE PROVIDE DETAIL ABOUT REASON FOR REFERRAL: _____

Note: Please use additional page to provide further details.

Return referral via email/scan, fax, or in person, to: Tami Pfeifer (919-245-2311)

tpfeifer@orangecountync.gov

FAX: 919-640-1729

106 E Margaret Lane, Hillsborough NC 27278 (Orange County Courthouse, first floor)



Behaviors/Risk Factors:

- Fighting/Assaultive/ Aggression Issues
- Impulsivity/Risk Taking
- Alcohol Use
- Substance Use
- Running Away
- Anxiety/Depression
- Bullying
- Being Bullied
- Self-Harming
- Suicidal
- Trauma
- Sexual Abuse
- Fire Starting
- Sexual Issues
- Other: _____

Issues in School: _____

Issues in the Home: _____

Prior or Current Mental Health/Substance Use Treatment: _____

Insurance/Medicaid Information: _____

Other Important Contacts: _____

