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 Mental Health or Substance Abuse Referral)

YOUTH SELF-REFERRAL: Yes No
If yes, record youth’s statements regarding need for mental health services below:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. REFERRED FOR:

☐ Assessment of Suicide Risk
☐ Comprehensive Substance Abuse Evaluation or Updated Evaluation
☐ Crisis Assessment/Intervention
☐ Mental Health Consultation or Mental Health Support Services
☐ Mental Health Alert Status Exam
☐ Other: ________________________________________________________________
☐ Comprehensive Mental Health Evaluation or Updated Evaluation

3. REFERRED TO: (MENTAL HEALTH/SUBSTANCE ABUSE PROVIDER/PROFESSIONAL)

(Provider Name) ___________________________________________ (Provider Telephone no.)

4. NARRARTIVE OF THE MENTAL HEALTH/SUBSTANCE ABUSE PROFESSIONAL’S
 COMMENTS OR INSTRUCTIONS:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature of Staff Member Making Referral
Date: _______________ Time: _______________

Facility Superintendent/Designee Signature

Rule 63N-1 MHSA 014 August 2006