



## Wilson School District School-Based Referral Form

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student's Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Students 14 years of age and older must sign for themselves. Students under the age of 14 must have a signature from their parent or legal guardian. If unable to obtain a signature, verbal approval can be accepted. Please indicate this above and include the date it was received.

**Please send all referral forms to [referrals@empowermentbh.com](mailto:referrals@empowermentbh.com)**

**Disclaimer:** This document is providing Wilson School District permission to share the above information with EMPOWERMENT Behavioral Health, LLC for intake purposes ONLY. No other information is to be shared between Wilson School District and EMPOWERMENT Behavioral Health, LLC without additional consent.