



Ontario Children & Youth Outreach Referral Form
Lakeview Health Services
609 West Washington St., Geneva, NY 14456
Phone: (315) 789-0550 Fax: (315) 789-0555

Outreach referrals must be completed to the best of your knowledge, in order to be accepted by the outreach worker. Please include a copy of the most recent clinical information or a diagnostic impression that has been approved by a psychiatrist, if available.

Date: Insurance Info/ Medicaid CIN:

Client Name: DOB: SS#:

Address: Phone:

Primary Care Giver: Relationship: Contact Number:

Referral Source Name:

Contact Information:

Reason for Referral:

Diagnosis:

Is client currently in mental health treatment? Provider Name:

Service Providers/Supports Already in Place:

Medical issues including allergies:

School Information: Current School: District: IEP Yes/No:

Current Juvenile Justice status:

Please list any Behavioral concerns: