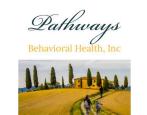
PATHWAYS BEHAVIORAL HEALTH, INC

440 Louisiana St. Suite 803

Houston, TX. 77002

Phone: 346.335.2936 Fax: 281.624.4946 Email: contactus@pbhinc.org Website: www.pbhinc.org



Mental and Behavioral Health Services Referral

Name:		Date of Birth:		Race/Ethnicity:			
Gender: Male	Female	S					
Services Requested: Office-Based Outpatient				School/Home Based			
Contact Number:			Message ok? Yes		No		
Address:							
Current Mental Health Symptoms:		Unknown	Not Present	Mild Moderate Se		Severe	
Disrespectfulness/Parent/Teachers							
Grieving Issues/Death							
Failing/ Declining Grades							
Abuse/Addictive Behaviors/Sexua	l Assault						
Conduct Behavioral							
Suicidal Thought/Behavioral							
Mental Health Issues							
ADHD							
Learning Disability							
Developmentally Delayed							
Lack of Family Support							
Divorce or Marital Issues							
Social Withdrawal							
Finance Issues							
Depression							
Stressed/Anxiety/Panic Attacks							
Sleep disturbance							
Problem with the School							
Anger / temper tantrums							
Eating problems							
Bullying							
Oppositional Defiant to those in au	thority						
Attachment Disorder							
Other (explain)							
Referred by: [Service provider's	name, teleph	one, and fax nu	mber]				
Signature:		Dat	te:			_	