

# MMA Referral Sheet

Thank you for referring to Mingus Mountain Academy. We hope that we can meet your needs. Please fill out the following referral sheet and send us the current clinical information on your client.

**Examples of clinical information are as follows:**

***Psychiatric evaluation, psychological assessment, treatment plan, incident reports, discharge summaries from previous placements, history of aggression, self-harm, substance abuse, exploitation, and an out of home request packet.***

You can e-mail your packet to [Admissions.az@sequelyouthservices.com](mailto:Admissions.az@sequelyouthservices.com) or fax it to 928-227-4589

A team member will be in touch shortly.

**Name of Client:** \_\_\_\_\_

**Date of referral:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Level of care requested:** \_\_\_\_\_

**Current Location:**

**Insurance (please include all):**

**Guardian information:**

*Name:*

*Phone Number:*

*e-mail:*

**Last school attended:** \_\_\_\_\_

*Grade:*

*IEP: Yes /No*

**Referring Agency/Worker:**

*Name:*

*Phone Number:*

*e-mail:*

**Current Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Funding Agency:**

**Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_