



Demographic/Financial Information

Thank you for your inquiry regarding Zumbro Valley Health Center Psychotherapy through Pine Island SLMH (School-Linked Mental Health) services. Psychotherapy services are typically covered through health insurance companies. To get your child started in services, please complete the following form and return to school office or call Hannah Frost at 507-356-4849 ext. 3056 or Zumbro Valley Health Center's main office at 507-289-2089 and request intake.

School (circle): Elementary

Child Name: _____

DOB: _____

Social Security: _____

Address: _____

County of Residence: _____

Annual household income: _____

Number of persons in household: _____

Individuals under 18 in household: _____

Parent Name or Contact Person: _____

Phone Number of Contact Person: _____

Insurance Carrier & ID Number: _____

Cardholder's Name: _____

Cardholder's Date of Birth: _____

Secondary Insurance Carrier & ID Number (if applicable): _____

Secondary Cardholder's Name: _____

Secondary Cardholder's Date of Birth: _____

Child's Name (if different from cardholder): _____

You may be eligible for grant funds for your child's services. If this is something you are interested in, please attach the two most recent pay stubs of the working members of your household. If no one in your household is working, you may attach a W2 or a bank statement.

**Zumbro Valley Health Center and Pine Island Schools
School Based Mental Health Form**



Date	
------	--

Student's Name			
Grade		Teacher	

Referral Source ☐ Teacher ☐ Counselor ☐ Staff ☐ Parent

Reason for Referral:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Distressing
Memories | <input type="checkbox"/> Worries Often | <input type="checkbox"/> Perfection | <input type="checkbox"/> Irritable/Angry |
| <input type="checkbox"/> Ashamed/Guilt | <input type="checkbox"/> Lose Temper | <input type="checkbox"/> Low self-
esteem | <input type="checkbox"/> Sleep
Problems | <input type="checkbox"/> Social
Discomfort |
| <input type="checkbox"/> Cry Easily/Often | <input type="checkbox"/> Trauma | <input type="checkbox"/> Loss | <input type="checkbox"/> Bullies Others | <input type="checkbox"/> Being Bullied |
| <input type="checkbox"/> Depressed/Sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other comments/concerns:

Please attach the release of information signed by the parent or guardian.

Pine Island Public Schools
CONSENT TO RELEASE PRIVATE DATA

Parent(s), this form allows information about your child to be exchanged. Please sign and return to the school.
(address below)

Learner's Full Name: _____

ID _____ Birthdate _____

Month/Day/Year _____

School: _____ Grade: _____

Parent Name: _____ Parent Address: _____

I authorize _____ District # _____

School district name and person responsible

Address

City

State

Zipcode

- ☐ to release information to: (check either or both boxes, as needed)

☐ to obtain information from:

Name, Title

Organization

Address

City

State

Zipcode

School records may be examined by parent(s), or learner if of legal age. *The information to be released:*

_____ Official School Records (name, address, birthdate, sex, attendance record, grade level, grades, class rank, standardized group test results)

_____ Health Record

_____ Chemical Abuse/Dependency Report

_____ Psychological Reports

_____ Medical Report (including related services)

_____ Special Education Records (including related services)

_____ Psychiatric Report

_____ Teacher, Counselor, Staff Observations

_____ Social Work Report

_____ Others (specify) _____

_____ Others (specify) _____

The purpose for the request: _____

I understand that this authorization takes effect the day that I sign it. It expires on _____ (Month, Day, Year) or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.

Month/Day/Year _____

Parent Signature (or Learner, if of legal age)