

# Kickstart

## A Prevention and Early Intervention Program

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A subsidiary of Pathways  
Community Services

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Client Information			
Name:		Date of Referral:	Age:
Date of Birth:		Gender assigned at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state
Last 4 digits of SSN:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Current Address:			<input type="checkbox"/> Another gender identity <input type="checkbox"/> Questioning/Unsure
Primary Phone Number:			<input type="checkbox"/> Decline to State
Ethnic Background:		Language Preference:	
Does Youth have a Legal Guardian? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, complete guardian information: Relationship to Youth:	Guardian Name:	Guardian Phone Number:
Youth's current financial and/or insurance resources: <i>Check all that apply</i>	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> SSI <input type="checkbox"/> Section 8 <input type="checkbox"/> Employment/Employer:		<input type="checkbox"/> Unknown <input type="checkbox"/> Other
	<input type="checkbox"/> Private Insurance: (Plan info)		
Referring Party			
Referring Source:	Name and Agency (if applicable):		
	Phone Number:		Fax Number:
	Email Address:		
	Name of PCS Staff taking referral: (if applicable)		
Presenting Information			
PRESENTING PROBLEM(S) & CONCERNING BEHAVIOR(S): <i>(include early signs of psychosis)</i>			
MEDICAL CONDITIONS:			
CURRENT MEDICATIONS:			
RISK BEHAVIORS:			
LEGAL ISSUES:			
DRUG AND/OR ALCOHOL USE:	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list substance(s) of concern:		
FOSTER YOUTH STATUS:	Current Foster Youth: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Former Foster Youth: <input type="checkbox"/> Yes or <input type="checkbox"/> No	
AREAS OF NEED: <i>(Please circle all that apply)</i>	Pyschotherapy Medication Services Substance Abuse Counseling	Occupational Therapy Nursing Services Case Management	Education Assistance Employment Assistance
Release of Information			
I, _____, give permission for _____ School/Agency to release information about me/my child to Pathways Community Services. This information will aid youth/family in finding appropriate professional assistance. The Pathways Community Services program may also exchange information wiht this School or Agency regarding my/my child's educational and social strengths.			
Client Signature:			
Parent/Guardian Signature (if applicable):			Date: