



5220 W. Ohio Ave, Lakewood, CO 80226

110011 W. 6th Ave., Lakewood, CO 80215

303-982-6755

Today's Date: _____

Client Information:

Last Name: _____ First Name: _____ DOB: _____ Age: _____ M or F
 Ethnicity: _____ Primary language spoken at home: _____
 School: _____ Grade: _____ Special Ed Y N Contact: _____
 Medicaid No Yes Number _____

Parent/Caregiver Information:

Last Name: _____ First Name: _____ Relationship to client: _____
 Last Name: _____ First Name: _____ Relationship to client: _____
 Legal guardian of client: _____
 Street Address: _____ City: _____
 Phone: _____ Alternate Phone: _____ Okay to leave message? Yes No

Suggested Services: (Check all that apply)

- Individual Therapy
- Family Therapy
- Medication Eval
- Aggression Replacement Training
- Co-occurring (MH and SA Issues)
- Cog BX/Life Skills Group
- GED Classes (Through The Road program)
- Independent Living Skills (Through The Road program)

Referral Source:

Probation JJAC JCMH Truancy Other _____
 Name: _____ Phone: _____
 Email: _____ Fax: _____

Presenting Problem: *Youth must have a current mental health issue*

- Depression
- Anxiety
- Trauma
- Anger
- Family Issues
- Grief
- Other _____

Current Conduct/Issues leading to contact with Referral Source:

Current Behavioral/MH Issues youth wants to address in CrossRoads:

Legal History

Probation Officer Yes No Diversion Officer Yes No DHS Caseworker Yes No

Name: _____ Phone: _____

Court Ordered for Treatment: Yes No

List all current and previous legal charges and court dates, if known including outcomes:

Treatment history, past, present and outcomes (mental health, substance abuse and offense specific):

Strengths:
