Zumbro Valley Health Center –and- Pine Island Elementary School
School Linked Mental Health
Referral Form

School Linked Mental Health (SLMH) are provided by Zumbro Valley Health Center with psychotherapy services located at the Pine Island Elementary School. These services are covered by health insurance companies. Deductibles or copays, as determined by your insurance plan, are the family's responsibility. If cost is a barrier to seeking services, grant funding may be available; please contact Brittany Vega at 507-356-4849 ext. 3056 to inquire more about financial assistance for services.

Before you meet with the SLMH Provider, please provide the following insurance information to assist the intake process go smoothly and allow time to address any additional steps needed before services can begin.

Primary Insurance Information:

Client/Child's Name	
Client/Child's Date of Birth	
Client/Child's Social Security Number	
County of Residency	
Insurance Carrier	
ID Number & Group Number	
Subscriber's Name	
Subscriber's Date of Birth	
Subscribers Social Security Number	

Secondary Insurance Information:

Insurance Carrier	
ID Number & Group Number	
Subscriber's Name	
Subscriber's Date of Birth	
Subscribers Social Security Number	

ZUMBRO VALLEY HEALTH CENTER

If you have any questions, concerns, or would like to provide this information via telephone, please call Brittany Vega at 507-356-4849 ext. 3056, or Zumbro Valley Health Center at 507-289-2089.

Zumbro Valley Health Center –and- Pine Island School District
School Based Mental Health Form

Date	

Student's Name			
Grade		Teacher	

Referral Source ☐ Teacher ☐ Counselor ☐ Staff ☐ Parent

Reason for Referral:

☐ Anxious/Nervous	☐ Distressing Memories	☐ Worries Often	☐ Perfection	☐ Irritable/Angry
☐ Ashamed/Guilt	☐ Lose Temper	☐ Low self-esteem	☐ Sleep Problems	☐ Social Discomfort
☐ Cry Easily/Often	☐ Trauma	☐ Loss	☐ Bullies Others	☐ Being Bullied
☐ Depressed/Sad	☐	☐	☐	☐

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 Pine Island Public School _____ 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:

Brittany Vega, LGSW
Name, Title
Zumbro Valley Health Center
Organization
345 Wood Lake Drive SE
Address
Rochester, MN 55904
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
_____ Psychological Reports
_____ Special Education Records (including related services)
_____ Teacher, Counselor, Staff Observations
X Others (specify) SLMH referral forms
_____ Others (specify) _____
_____ Chemical Abuse/Dependency Report
_____ Medical Report (including related services)
_____ Psychiatric Report
_____ Social Work Report

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)