



OUACHITA
BEHAVIORAL HEALTH
& WELLNESS

125 Wellness Way – Hot Springs, AR 71913

Phone: 501-624-7111 Fax: 501-632-5510

Spanish referrals accepted for the entire southwest region of the state.

Spanish outpatient services are provided at our offices in Arkadelphia, Malvern, and Hot Springs.

Email completed referral form to: spanish@obhaw.org or fax to # provided above

Referral for Child/Minor Spanish Counseling Services

Child's Name:		Date of Referral:	
Address:			
Social Security #:		School Attending:	
Date of Birth:		Referred by:	Grade:
Parent(s) Name:			
Parent Phone #'s	Home	Cell	Work

Please check problem areas:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Few friends | <input type="checkbox"/> Sexually abused |
| <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Always wants to be perfect | <input type="checkbox"/> Health problems | <input type="checkbox"/> Skips school |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Immature | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Argues | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Stares |
| <input type="checkbox"/> Bad grades | <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Behaves in strange ways | <input type="checkbox"/> Lies | <input type="checkbox"/> Talks about hurting self/suicide |
| <input type="checkbox"/> Can't concentrate | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Overly active | <input type="checkbox"/> Threatens others |
| <input type="checkbox"/> Cries a lot | <input type="checkbox"/> Overweight | <input type="checkbox"/> Tired |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Physically abused | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Defies authority | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Wets the bed |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Restless | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Easily bored | <input type="checkbox"/> Runs away | <input type="checkbox"/> Worries |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Sad | |
| <input type="checkbox"/> Feelings easily hurt | <input type="checkbox"/> School behavior problems | |
| <input type="checkbox"/> Feels worthless | | |

Additional Relevant Information: