

# Family Mental Health Crisis Referral Sheet

## Referring Person / Agency Information

Name

Contact Number

Relationship to Family

Agency (if applicable)

## Family Information

Family Name

Family Contact Number

Address

Primary Language

## Reason for Referral

Please describe the mental health crisis or concern

## Family Members Affected

Names and Ages

Symptoms / Behaviors Observed

## Immediate Safety Concerns

Are there any immediate safety risks?

No. of people at risk

## Actions Already Taken

## Additional Notes