



Gulf Coast Consultation in Child & Adolescent Psychiatry



Insurance Status (None, public, private): _____

Who lives in household (2 parent, 1 parent, guardian): _____

Parent/Guardian employment status: _____

Is there any family violence?: _____

Is there any family substance abuse?: _____

Is the client/family receiving any therapeutic, community, or social services? Please specify:

Has the family/child been impacted by the BP Oil spill (i.e.: job loss, job gain, lifestyle changes, etc.)

Please specify:

Consultation Information:

Type of consultation:

Diagnostic School issue Resources-community access

Medication question Non-patient related mental health question

Advice for parent Other, please specify: _____

What have you done to assess and/or treat this clinical issue to date and what were the results?

Structured screening tool (_____) Behavioral intervention (_____)

Teacher screening tool (_____) Medication (_____)

Consultation question/Request (please include as much detail as possible!):

Please FAX to G-CAP at (504) 988-4264. Please free to attach additional pages or information or FAX any additional information from the medical record that would be helpful.