

Attention/Impulsive Y N

Aggressive Y N

Anxiety Y N

Bizarre
Thinking/Behavior Y N

Other Information:

To refer a child, please complete this form, a signed release of information for Project Assist, and a completed Pediatric Symptom Checklist (PSC) form. Fax to 651-266-7875 or email to SSD.CMHPProjectAssist@co.ramsey.mn.us.

Staff Use Only:

Date Received:

Date Assigned:

Project ASSIST staff counselor assigned: