



Date: _____

Loving Hearts Location: **New Orleans**

Referring Source

Agency/School: _____ Person of Contact: _____

Phone: _____ Fax: _____ Email: _____

Client Name: _____ Date of Birth: _____

Guardian/Representative: _____ Phone: _____

Address: _____

Medicaid Information: _____

Race: _____ Ethnicity: _____ Female Male

Services Requested (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Initial Assessment | <input type="checkbox"/> Psychotherapy Services |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Personal Care Assistance |
-

**PLEASE PHONE, FAX, OR DELIVER REFERRAL AND INFORMATION TO
LOCAL LOVING HEARTS OF LA OFFICE:**

10040 I-10 Service Rd., Suite C
New Orleans, LA 70127
Office: (504) 821-5220
Fax: (504) 821-6330

Email: referralsnola@lovingheartsofla.com

To be completed by Loving Hearts staff.

LH Intake Contact: _____ Date of Initial Contact with Client: _____

Initial Assessment Appointment: Yes No If Yes, Date: _____ Time: _____

Comments: _____



Loving Hearts of LA
Behavioral & Mental Health Services
Home is Where the Loving Heart is

Symptom Checklist:

Please check all symptoms that are applicable

Complains of aches/pains		School grades dropping	
Spends more time alone		Is down on himself/herself	
Tires easily, has little energy		Visits doctor with doctor finding nothing wrong	
Fidgety, unable to sit still		Has trouble sleeping	
Has trouble with teacher(s)		Worries a lot	
Less interested in school		Takes unnecessary risks	
Acts as if driven by a motor		Gets hurt frequently	
Daydreams too much		Seems to be having less fun	
Distracted easily		Acts younger than children his or her age	
Is afraid of new situations		Does not listen to rules	
Feels sad, unhappy		Does not show feelings	
Has trouble concentrating		Teases others	
Less interest in friends		Blames others	
Fights with others		Steals	
Is irritable, angry		Lies	
Feels hopeless		Hurts animals	
Absent from school		Starts/plays with fire	

Previous Diagnosis:

Current medication:

Past Mental Health services: Yes No Where?

Other notes:
