



Connect.  
Grow.  
Thrive.

Please e-mail this form along with a **Release of Information** and **Student Facesheet** to:  
[arobson@redoakbh.org](mailto:arobson@redoakbh.org)

Presenting concern(s) - Circle all that apply:

anxiety	depression	grief/loss	psychosis
relational/ social	substance use	trauma	other

If other, please explain: \_\_\_\_\_

Can a voice message be left for the parent/guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Referring Individual's Name: \_\_\_\_\_

Referring Individual's Phone: \_\_\_\_\_

Referring Individual's Email: \_\_\_\_\_

If you have any questions/concerns, please contact Ann Robson at 330-472-5528.