

BEYOND BORDERS MENTAL HEALTH CENTER, PLLC

1673 E San Benito St, Suite A · Rio Grande City, TX 78582

Office/Fax: (956) 272-1948 · Phone: (956) 256-1643 · SMS Available on Both Lines

www.beyondbordersmhc.com · Schedule: bbmhc.clientsecure.me/request/clinician

SCHOOL DISTRICT STUDENT REFERRAL FORM

School Information

School District:

School Name:

Referring Counselor / Staff:

Phone Number:

Email Address:

Student Information

Student Full Name:

Date of Birth:

Grade Level:

Parent / Guardian Name:

Parent / Guardian Phone:

Preferred Language:

Insurance (if known):

Reason for Referral

Primary Concern:

Behavioral Observations:

Duration of Concern:

Previous Interventions (if any):

Urgency Level (Routine / Urgent):

Services Available for Students: Individual Therapy · Children & Adolescent Therapy · Trauma-Informed Therapy · Crisis Intervention · Family Therapy Support

Referring Staff Signature:

Date:

Parent / Guardian Consent Signature:

Date:
