

Division of Youth Services

REQUEST FOR QMHP CONSULTATION

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
POD: \_\_\_\_\_ Risk Level Score: \_\_\_\_\_  
Commitment Date: \_\_\_\_\_ Commitment Number: \_\_\_\_\_  
Community Counselor: \_\_\_\_\_ County: \_\_\_\_\_  
OYDC Counselor: \_\_\_\_\_  
Committing Offense: \_\_\_\_\_

*To Be Completed by the OYDC Counselor*

**Reason for Referral:**

Problem Behavior(s): \_\_\_\_\_

**Requested Consultation:**

\_\_\_\_\_ Date/Time of Request:  
*Signature of OYDC Staff Member*

**Intake, Evaluation and Referral Process**

*To Be Completed by the Clinical Administrator*

Action on Consultation Request: \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_ Date/Time of Action:  
*Signature of Clinical Administrator*

QMHP Consulted: \_\_\_\_\_ Date/Time Contacted: \_\_\_\_\_

**Division of Youth Services**

**QMHP CONSULTATION REPORT**

Youth Name:

DOB:

POD:

Risk Level Score:

Commitment Date:

Commitment Number:

Community Counselor:

County:

OYDC Counselor:

Committing Offense:

**Consultation Report**

*To Be Completed by the Consultant:*

**Records Reviewed:**

**Identifying Information:**

**Findings:**

**Initial Diagnosis:**

Comments:

**Recommendations:**

\_\_\_\_\_  
Signature of Consultant

Date/Time of Action: