

PRESUMPTIVE TRANSFER FORM

Name of Minor: _____ Name of Social Worker: _____

D.O.B.: _____ Contact Info of Social Worker: _____

Name of Caretaker: _____ Probation Officer: _____

Address: _____ Contact Info of Probation Officer: _____

Phone Number: _____

Parent(s) Name: _____

Parent(s) Contact Information: _____

Minor's Attorney _____

Attorney Contact Information: _____

Date of MHST: _____ please attach

If Mental Health Screening Tool (MHST) has not been completed, please ensure completion occurs prior to sending.

Presenting problem/current symptomology:

If minor engaged in prior treatment, please list treatment provider(s), treatment dates, and modality of treatment:

Is minor currently prescribed psychotropic medication: _____

Please list current prescriptions and prescribing physician:

If minor has been prescribed psychotropic medication in the past, please list:

Who holds current rights to sign consent for mental health treatment: _____

Please provide any other information you believe to be pertinent to this minor's mental health treatment:

Complete form in its entirety, and send it along with MHST, JV220's, Mental Health Assessment, TX Plans and any other pertinent information to: CWSMHTtransfer@Placer.ca.gov