Resiliency Center for Assessment and Treatment
Collage of Health and Human Services - Unified Clinics
1000 Oakland Dr.
Kalamazoo, MI 49008
Phone: (269) 387-7073
Submit completed referral to: chhs-RCAT@wmich.edu

RCAT Referral Form

Client Information

Name of Child: _____

Birthdate: _____ Current Age: _____

Assigned Gender at Birth: _____ Male _____ Female

Gender Identity: _____ Male _____ Female _____ Non-Binary

Preferred Pronouns: _____

Race and Ethnicity (please check all that apply)

_____ American Indian _____ Asian

_____ Black/African American _____ Native Hawaiian/Pacific Islander

_____ White _____ Hispanic

Caregiver Information

Current Caregiver or Legal Guardian: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Email: _____

Full Legal Custody: _____ Guardianship: _____ Adopted: _____

Joint Legal, Full Physical Custody: _____ Joint Legal and Physical Custody: _____

Other: _____

Reason For Referral

School Information

School: _____ Current Grade: _____

Is the child receiving services or has identified concerns in the area of:

Language _____ Sensory Processing _____ General Academics _____

Other: _____

Please list additional services/assessments the child has had in the past 24 months

(psychological, IEP, etc.)

_____

_____

_____

Medical Information

Primary Care Physician: _____

Location: _____ Phone: _____

Previous Diagnosis:

_____

_____

_____

Medication _____ Dosage _____

_____

_____

_____

Previous Mental Health or Therapy Provider(s)

Name: _____ Location: _____

Name: _____ Location: _____

Insurance Information

Primary Insurance: _____

ID#: _____ Group #: _____

Subscriber Name: _____

DOB: _____ Relationship to Client: _____