State of Illinois

CFS 417-E

7/2018

Department of Children and Family Services

**Request for Psychiatric Evaluation Following Therapy**

This form is to be completed by therapist for children 5 years old and under when significant symptoms persist after three months of therapy or as soon as it is determined that medication may be needed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | | | | | | DCFS ID# | | |
| Male  Female | Date of Birth | | | Race | | | | |
| Care Giver Information | | | | | | | | |
| Name | | | | Phone # | | | | |
| Address | | | City | | | | Zip Code | |
| Case Worker Information | | | | | | | | |
| Name | | | | Phone # | | | | |
| OUTLOOK or Email | | | | Fax # | | | | |
| DCFS Office /  POS Agency: | | | | | | | | |
| Address | | | | City | | | | Zip |
| Primary Care Physician Information | | | | | | | | |
| Name | | | | Phone # | | | | |
| Email | | | | Fax # | | | | |
| Address | | | City | | | | Zip Code | |
| Summary of Current Therapy Treatment | | | | | | | | |
|  | | | | | | | | |
| Concerning Symptoms and Behaviors | | | | | | | | |
|  | | | | | | | | |
| Form Completed by Therapist | | | | | | | | |
| Name | | Title/Degree | | | | | | |
| Signature | | Date | | | License # | | | |
| Referred for Psychiatric Examination for Medication | | | | | | | | |
| Psychiatrist’s Name | | | | Phone # | | | | |
| Email | | | | Fax # | | | | |
| Address | | | City | | | | Zip Code | |
| THIS COMPLETED FORM INDICATES THAT A THERAPY TRIAL HAS TAKEN PLACE AND WILL NEED TO BE SUBMITTED TO THE CONSENT UNIT WITH THE MEDICATION REQUEST | | | | | | | | |
| This form has been sent to  Psychiatrist  Caseworker  Primary Care Physician  DCFS Clinical Division Date Sent:  Hand deliver, fax or send via secure email to DCFS.[PsychiatricReferral@illinois.gov](mailto:PsychiatricReferral@illinois.gov) or other recipients using the Illinois.Gov File Transfer System at: <https://filet.illinois.gov/filet/PIMupload.asp>. Follow directions to encrypt and upload files. Sender and recipients will receive a key (via email) to open the encrypted files. | | | | | | | | |