

# Request for Mental Health Observation or Consultation



Date: \_\_\_\_\_ Center: \_\_\_\_\_ Site: \_\_\_\_\_

FSS/FA/HV: \_\_\_\_\_ Teacher: \_\_\_\_\_

Staff initiating this request: \_\_\_\_\_ Phone: \_\_\_\_\_

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best times to call: \_\_\_\_\_ Best phone number: \_\_\_\_\_

ASQ Score(s): \_\_\_\_\_ ASQ-SE Score(s): \_\_\_\_\_

Program concerns regarding the child (behaviors, feelings etc.):

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Caregiver concerns regarding the child or family (behaviors, parenting, stress, etc.):

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Fax or Mail to Melissa Russell, Alex Clifthorne, or Kristin Wells  
Fax: 855-881-7904  
Mail: 800 Oakesdale Ave SW, Renton, WA 98057  
**Do NOT email this document. FAX ONLY due to confidential information.**