

PSB-CBT REFERRAL SHEET Contact Person: Tana Blackburn 336-818-0733 ext. 201 Fax 336-571-1012

- Ages 7-12
- Caregiver involvement required
- Each youth will be assessed by a licensed clinician to ensure criteria is met.

Date:	Alpha#			
Child's last name:	Child's first name:			
County: DOB:	Age:	Ethnicity:	Gender:	
Client Address:Street	City	State	Zip Code	
Home phone:	Work/Ce	ell phone:		
Legal Guardian:	Relationship:			
Insurance:				
Referral Source Contact Person: First What are the specific sexual behaviors or concerns that the child h			Last	
When did the last incident occur?		How many incidents	s are known?	
With whom did the child have the problema Name Age	tic sexual behaviors Relationship	Nee	ed services related to incident?	
Has the child ever initiated sexual contact?				
Has child had a victimization experience?				