Trauma Referral

(please include a case summary if available)

https://www.thenurturingcenter.org/tf-cbtreferral

We receive referrals for trauma that a client may have experienced and assess for symptoms and behaviors related to a diagnosis. If a client is diagnosed with a mental health disorder, they will be referred for treatment. However, if they do not meet medical necessity the client is not referred to services and a non-admit outcome can be provided.

Examples of reasons for referrals we commonly see to assess for services:

- Witnessing domestic violence
- Experiencing abuse
- Experience neglect
- Experiencing sexual abuse
- Witnessing a violent crime
- Verbal and emotional abuse

Contact Information:

AntiniQue Spencer-Wilson

awilson@thenurturingcenter.org

803-530-1722

Complete & Return Referral form to:
The Nurturing Center (TNC)
Trauma Focused Cognitive Behavioral Therapy
1332 Pickens Street, Columbia, SC 29201
Phone: 803.771.4160 Fax: 803.832.2372
Email: awilson@thenurturingcenter.org (please send in an encrypted email)

Date of Referral:

Please Use One Referral Per Child

Child to Receive TNC Services (Please note: TFCBT is for children 3-18 years old who have experienced a traumatic event. A trauma assessment does not take the place of a forensic interview.)			
Client/Child's Name:	Social Security #:	Medicaid #:	
MCO:	Birthdate:	Age:	Male or Female:

Child's Non-Offending Caregiver Information (caregiver/guardian, relative placement, foster parent)	
Name of Caregiver/Relationship to Child:	
Address:	Phone Number:
County:	Zip:

Referral Agency Information		
Referral Agency:	Referents Names:	Phone/Fax:
Supervisor:	Phone:	
Is transportation available for the children to/from TNC (explain):		

DSS Child Protective Service Status (where applicable)			
	Open CPS case, child(ren) in home		Open CPS case, child(ren) in foster care
	Open CPS case, child(ren) in relative placement		Closed CPS case
	No CPS involvement		

Clinical Information: What type of trauma did the child experience?			
	Physical Abuse		Sexual Abuse
	Witnessing Domestic Violence		Secondary Trauma
	Other (please specify):		

What indications does the child show that the trauma is still bothering him/her?							
	Nightmares		Sleep Disturbance		Guilt		Playing/Acting Out Trauma
	Flashbacks		Aggression		Diminished Interest in Activities		Unable to express positive emotion
	Detachment from friends/family				Other (please specify):		

If applicable, please attach the following items with this referral form:

- ❖ Current Case Summary/Social History
- ❖ Assessments (Psychological, Development Reports)
- ❖ Release of Information Form signed by parent if still guardian