Madison Metropolitan School District

LPS PROGRAM

Referral Source Information

Staff Referring: Staff Name

School: School

Email/phone number: Email/Phone

Referral Date: Date

Student Information

Student Name: Student Name   Grade: Grade   Birthdate: DOB

Parent Phone Number: Phone

Family Address: Street Address, City, Zip Code

Health Concerns

Physical Health

- ☐ Asthma/pulmonary
- ☐ Complex Care
- ☐ Diabetes
- ☐ Hematology/Oncology
- ☐ Neurological
- ☐ Pregnancy
- ☐ Other: Click or tap here to enter text.

Mental Health

- ☐ Anxiety
- ☐ Depression
- ☐ Grief
- ☐ Trauma
- ☐ Other

Any other pertinent physical or mental health information: Enter additional info

Interventions	Already in Place	Needed over Summer
Referral/Access to Community Services	☐	☐
Health Education	☐	☐
Communication with Health Care Provider	☐	☐
Address Social Determinants of Health	☐	☐
Access to Medical Services, Medication, Treatments	☐	☐
School Counseling Services	☐	☐

THANK YOU FOR YOUR REFERRAL!!!
Submit referral to fax (608) 204-0349
If questions call (608) 561-7320 or email sgramann@madison.k12.wi.us