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| PSYCHIATRIC INPUT FORM | | | | | | | | | | | | | | |
| STUDENT: |  | | | | | | |  | BIRTHDATE: | | | |  | |
| PARENT(S): | |  | | | | | |  | PHONE: | | |  | | |
| ADDRESS: |  | | | | | | |  | GENDER: | | | Male  Female | | |
|  |  | | | | | | |  | GRADE: | |  | | | |
| HOME DISTRICT: | | | |  | |  | | SCHOOL ATTENDING: | | | | | |  |
| **DIAGNOSIS**: | | |  | | | | | | | | | | | |
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| **RECOMMENDATION**: | | | | |  | | | | | | | | | |
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| Psychiatrist’s Signature | | | | | | |  | | | Date | | | | |
|  | | | | | | |  | | |  | | | | |
| Psychiatrist (Print) | | | | | | |  | | | Intermediate Unit I Social Worker | | | | |

Revised 09062017