SSETS: Mental Health Referral Consultation Checklist*

1. Specific Behaviors: What are the problem behaviors and when/where are they occurring?
   __________________________________________________
   __________________________________________________

2. Safety: Are there any safety concerns?
   __________________________________________________
   __________________________________________________

3. Effects: How does this affect the child at school, home, and with friends?
   __________________________________________________
   __________________________________________________

4. Trauma/Changes: Have any hard or scary things happened? Have there been any changes in your child’s life?
   __________________________________________________
   __________________________________________________

5. Screenings/services: Have there been any previous assessments, services, or therapies for this problem?
   __________________________________________________
   __________________________________________________

6. What is your working behavioral/mental health diagnosis (ie, mood disorder, adjustment disorder, anxiety, depression)?
   __________________________________________________

*Adapted from CHECKup: Children’s Health and Emotional Care Learning Community for Primary Care Providers, Focused on Early Childhood Mental Health