**Preferred ages:** School-aged youth

**Diagnoses:** Anxiety disorders, depressive disorders, mood disorders, stressor-related disorders (this is a frame of reference of the types of diagnoses/concerns of treatment).

**Referral concerns:** Emotional regulation issues, anxiety, depression, stress management, relationship issues, peer issues, family-dynamics, self-esteem, coping skills, life changes, communication issues

I**n-person sessions**: telehealth sessions can occur on occasion but the basis of treatment would be in-person, reliable transportation necessary

**Daytime availability**: school and work excuses can be provided

Initial screening demographics:

Child’s age:

Child’s DOB:

Child Name:

Who has legal custody of the adolescent?

Name(s):

phone number(s):

Referral concerns:

Mental Health Diagnosis(es):

Indicate Health Insurance Info: Medical Assistance Community Care or UPMC

Please return completed form to Kristen England [kengland@evolutionblair.com](mailto:kengland@evolutionblair.com)