



Tulane Early
Childhood Collaborative

Mental Health Consultation Request Form
504-988-4653 | tecc@tulane.edu

TECC can provide consultation by phone or email. When there are ongoing questions after these indirect consultations, in-person/telehealth consultation with the child and family may be arranged. For “indirect” consultations (discussions with providers), please provide AGE in MONTHS, RACE, and ZIP CODE. We do not need other identifying information unless you are referring for in-person/telehealth consultation (or you anticipate requesting in-person/telehealth consultation after discussion with the TECC team).

In-Person/Telehealth Consultation: Parents should be informed that a referral is being made and that the TECC team will contact them to schedule an appointment. It is important that families understand that this is a one-time consultation and that the TECC team will not provide direct treatment to the child. The consultation appointment will take approximately 60-90 minutes. A parent or legal guardian must accompany the child to the appointment. Once we receive the consultation request, we will contact the family to schedule a date and time for the evaluation and inform you of the date and time as well. Following the consultation, you will receive a report with recommendations regarding further clinical care and we will provide recommendations to the family as well.

FORM CAN BE COMPLETED AS FILLABLE PDF OR BY HAND. CHROME BROWSER REQUIRES DOWNLOAD FIRST, THEN FILL OUT

Type of Consultation On-site direct consultation On-site indirect consultation Off-site indirect consultation

Date of consultation request:

Practice/Agency Information

Practice/Agency Name:

Provider Name:

Child Information

Name (*ONLY if patient seen face-face and parent consulted to consultation*):

Child's age in years and months:

Child Race: Caucasian African American Native American Pacific Islander Multi-racial Other

Ethnicity: Latino Non-Latino

Child Zip Code:

Childcare setting:

Involved in Early Steps? Yes No History of Out of age range

Past consult about this child? Yes No

Insurance Status if known: (For tracking purposes only. This does not affect consultation process. We serve all children ages 0-6.)

Healthy Louisiana Plan

Aetna Amerihealth Caritas Healthy Blue LA Health Care Connections United Medicaid

Legacy Medicaid

Unknown

Private

Aetna Blue Cross Coventry Humana United Other/Don't know

Uninsured

Pertinent Medical History:

History of trauma-exposure?

Yes No Unknown

If Known:

- | | |
|---|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Prolonged caregiving disruptions |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Parental depression |
| <input type="checkbox"/> Family violence | <input type="checkbox"/> Parental incarceration |
| <input type="checkbox"/> Community violence | <input type="checkbox"/> Parental substance abuse |
| <input type="checkbox"/> Medical Trauma | <input type="checkbox"/> Parent death |
| <input type="checkbox"/> MVA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Natural Disaster | |

Type of consultation question (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Diagnostic | <input type="checkbox"/> Child care recommendations | <input type="checkbox"/> Resources-community access |
| <input type="checkbox"/> Medication question | <input type="checkbox"/> Non-patient related mental health question | |
| <input type="checkbox"/> Advice for parent | <input type="checkbox"/> Other, please specify: | |

What has been done to assess and/or treat this clinical issue to date and what were the results?

- Structured screening tool (tool/result:) Behavioral intervention (Type/result:)
 Teacher screening tool (tool/result:) Medication (Name/Dose/Result:)

Is the child receiving any type of therapeutic, community, or social services? Yes No

Please specify:

Consultation Question/Request (Please include as much detail as possible):

Patient information (ONLY IF IN-PERSON CONSULTATION IS BEING REQUESTED):

Child/Client Name:

Pertinent Parent/Guardian Name:

Parent/Guardian Email Address:

Best Parent/Guardian Contact Number(s):

Parent/guardian is aware of and agrees to the consultation and understands that TECC will not take over care of the patient: Yes

No

Please send email to tecc@tulane.edu. Please free to attach additional pages or any additional information from the medical record that would be helpful. If any identifying information is sent, please use encrypted email for security.