



Cedar Grove  
Residential Treatment Center

**PLEASE ATTACH A REFERRAL SUMMARY DESCRIBING THE YOUTH'S BEHAVIORS THAT YOU PERCEIVE MAKE HIM SUITABLE FOR RESIDENTIAL TREATMENT**

Check all the documents in the list below that you are sending. Also, please clearly write out all information as requested (i.e., names, phone numbers, medications, etc.) Current documentation will assist us in more quickly determining the appropriateness of our program for the youth that you are referring.

\_\_\_ Social Security Card \_\_\_ Birth Certificate \_\_\_ Immunization Records

\_\_\_ Insurance Card and Medicaid Information (back and front of card(s))

**Name of Primary Care Physician:** \_\_\_\_\_

**Prescribing Physician's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mental Health Records:**

\_\_\_ Psychological Evaluations

\_\_\_ Discharge Summaries

\_\_\_ Psychosexual Evaluations

**Medical Records:**

\_\_\_ EPSD&T

\_\_\_ Medical History and Physical

\_\_\_ Immunization Record

**Social Services/Human Resources Records:**

\_\_\_ Social History (Including Addenda and Revisions)

\_\_\_ Permanency Plan/Staffing Summary Justification

\_\_\_ Notice of Rights

**Current Medications and Dosages:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Court Documents (if applicable):**

\_\_\_ Petitions

\_\_\_ Victim Statements

\_\_\_ Perpetrator Statements

\_\_\_ Probation Guidelines

\_\_\_ Police/Arrest Reports

\_\_\_ Witness Statements

\_\_\_ Judgments

**School Records:**

\_\_\_ Current Records and Cumulative Records

\_\_\_ M-Team Certification

\_\_\_ Individualized Education Plan (IEP)

\_\_\_ Psycho-Educational Evaluation

[www.cedargrove-rtc.com](http://www.cedargrove-rtc.com)

**CEDAR GROVE RESIDENTIAL TREATMENT CENTER**  
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