



Pediatric Referral Form

The Children's Center Utah – Outpatient Services

Mission: provides comprehensive, trauma-informed mental health care to enhance the emotional well-being of infants, toddlers, preschoolers (birth–6), and their families and caregivers. We provide services regardless of any family's ability to pay.

Referring Provider Information

Provider Name:		
Practice/Clinic Name:		
Phone:	Fax:	
Date of Referral:		
Referring Location:	Lehi: <input type="checkbox"/>	West Valley: <input type="checkbox"/>

Child & Family Information

Child's Name:	
Date of Birth:	
Parent/Guardian Name(s):	
Phone:	Email:
Address:	

Reason for Referral

The above child is being referred to Outpatient Family Therapy at The Children's Center Utah. Based on clinical need, additional outpatient services may be recommended following initial assessment.

- Psychiatry (medication evaluation/management)
- Psychological Testing/Evaluation
- Other (please describe): _____

Clinical Concerns (brief description; avoid confidential therapy communications)

Insurance Information (optional)

Primary Insurance:	
Policy #:	Group #:

Important Notice to Referring Providers

Referring providers should not disclose any confidential communications as defined by the Utah Mental Health Professional Practice Act and Psychologist Licensing Act. Disclosures should be limited to the purpose of referral and general clinical concerns. Under HIPAA, providers may share PHI for treatment purposes, including referrals; however, confidential therapeutic communications may not be disclosed without parental/guardian consent.

Referral Submission

Fax: 801-582-5540

Secure Email: intake@tccutah.org

Questions? Call 801-582-5534 to speak with our Intake Specialist.