



SEPA

SCHOOL ENROLLMENT PLACEMENT
& ASSESSMENT CENTER

Office of the
Chief Medical Director

Student Medical Services
& Medi-Cal Programs

Send referrals to: SEPA Panorama - ligia.bobadilla@lausd.net | SEPA LA - Alejandra.leyva@lausd.net

Date: _____ Name of Student: _____ D.O.B: _____

School: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Parent/guardian name (if minor): _____ Parent #: _____

Student Phone Number: _____

Student Language: ☐ English ☐ Spanish ☐ Other _____

Home Language: ☐ English ☐ Spanish ☐ Other _____

Referral is for: ☐ Enrollment ☐ Vaccines ☐ Basic needs ☐ Other _____

Name of person submitting referral: _____ Title: _____

School/Office: _____ Phone #: _____

Has student been notified of referral? ☐ Yes ☐ No

Has parent been notified of referral? ☐ Yes ☐ No

Case Notes (Please provide a little history on the case): _____

Office use only

Received By: _____

Parent contact Date: _____

Student Contact Date: _____

Services Requested: ☐ Enrollment ☐ Vaccines ☐ Basic needs ☐ Other _____

Services Provided/Follow-up needed: _____