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| **Referral Source:** |
| **Referring provider/agency**: |  | **Date**: |  |
| **Referral Contact**: |  | **Title**: |  |
| **Email**: |  | **Phone**: |  |
| **Client Information** |
| **Name**: |  **Preferred Name**: |  |  |
| **DOB**: |  | **County**: |
| **Gender Identity**: | **Pronouns:**  |  | **Preferred Language**: |
| **Insurance**: |  **Insurance #**: |  |  |
| **Home Address**: |  |  | **Phone**: |
| **Does client have legal guardian**?  |
| **If yes, please list name and phone number and attach copy of documentation**. |
| **Does client have a Care Coordinator (ICC, ENCC, etc.)**? | If yes, please list name, agency and phone. |
| **Does the client need mental helath or primary care services established?** |  |
| **Please describe the current symptoms and behaviors that necessitate referral for Crisis Respite Services:** |
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| **Name and phone # of outpatient MH provider** (NOTE: Residents are not required to have outpatient services established to be accepted to Crisis Respite. However, we need this information to ensure proper access to care while in our program.): |
| **Name and phone # of outpatient PCP** (NOTE: Residents are not required to have a PCP established to be accepted to Crisis Respite. However, we need this information to ensure proper access to care while in our program.): |
| **Primary Mental Health Diagnosis**: |
| **Additional MH Diagnoses (please list all):** |
| **Please describe the individual’s goals and recommended length for their respite stay:** **Please list patients’ current medication prescriber and contact information:**\*Someone will need to be available to refill medications should refills be needed while patient is admitted\* |

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| **Current Substance Abuse** |
| Alcohol Illicit Drugs Prescription Drugs | None |  |
| Substance Type: Usage: Frequency: |
| Last Used: Longest Period of Sobriety, if known: Prior Treatment: | Yes | No |
| What are the impacts of substances on client’s Mental Health symptoms?: |
| **Historical Behavioral and Risk Data,**  |
| Does the individual have a history of violence or aggression? |
| Does the client have a history of self-harm behaviors? |
| Does the client have a history of suicide attempts? |
| Does the client have any current legal involvement? |