



Referral Form

Referred By: _____ Agency: _____ Date: _____

Address: _____ Phone# _____ Fax# _____

Email: _____ Treating Psychiatrist Signature: _____

If referred by inpatient facility, where will outpatient services be provided? _____
Follow-up Appointment Date _____

****Please send the most recent Behavioral Assessment and Medical Necessity along with the referral. ****

Referral's Name: _____ DOB ___/___/___ SSN _____-____-_____

Medicaid: Yes No If Yes, Medicaid #: _____ MCO: _____

Address: _____ Telephone # (_____) _____

_____ Alternate # (_____) _____

Living Situation: Homeless Lives with Relatives Boarding Home Independent

Employed? Yes No If Yes, Where/When/How Long? _____

Source of Income: _____

Date of Last Hospitalization: _____ Where? _____

Diagnosis: Axis I _____ Current Medications (or attach list)

Axis II _____

Axis III _____

Reason for Referral: (Please check the ones that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Basic Living Skills | <input type="checkbox"/> Therapeutic Socialization Skills | <input type="checkbox"/> Mental Illness Management |
| <input type="checkbox"/> Employment Support | <input type="checkbox"/> Independent Living Support | <input type="checkbox"/> Prevent Psychiatric Hospitalization |
| <input type="checkbox"/> Prevocational Training | <input type="checkbox"/> Develop Recovery Plan | <input type="checkbox"/> Improve Self-Confidence/Motivation |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Reduce Negative Symptoms | <input type="checkbox"/> Medication Support/Education/Compliance |
| <input type="checkbox"/> Prevent Isolation | <input type="checkbox"/> Managing Symptoms that interfere with Education or Employment | |
| <input type="checkbox"/> Improve Cognitive/Concentration Skills | | |

Does he/she have a history of violent behavior? If Yes, Explain: _____

Does he/she have a history of suicide attempts? Yes No If Yes, When? _____

Does he/she have a history of alcohol and drug abuse and/or sexual misconduct
Yes No If Yes explain: _____

Has he/she been convicted of a felony? Yes No If Yes, What/when: _____