



<b>Date of Referral:</b>
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<b>Client Name:</b>	<b>Client ID #:</b>
<b>DOB:</b>	

**Please describe the current symptoms and behaviors that necessitate referral for Crisis Residential Services:**

**Based on your assessment and knowledge of the client's current symptoms and situation, what are the current mental health treatment needs?** (Treatment needs must meet medical necessity; although environmental factors contribute to crises, housing and substance abuse issues alone do not meet medical necessity.)

<b>What is the estimated length of stay needed to stabilize symptoms?</b>	Up to 14 days	15-30 days
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<p><b>Current Mental Health Diagnosis per DSM V</b></p> <p>Primary Diagnosis: Diagnosis 2: Diagnosis 3: Diagnosis 4: Diagnosis 5:</p> <p>Source of Diagnosis: Date of Diagnosis:</p>	<p><b>Conservatorship?</b></p> <p>Yes, Contact Info:</p> <p>No</p>	<p><b>Source of Income</b></p> <p>SSI SSDI GA None Other:</p>
<p><b>Name of support person(s) in the community</b></p> <p>1. 2.</p>		

<p><b>Current Medication(s) (psychiatric &amp; medical)</b></p> <p>1. 2. 3. 4. 5.</p>	<p><b>Please describe any history of assaultive/aggressive/violent/threatening behavior and date of last occurrence:</b></p> <div style="border: 1px solid black; height: 100px;"></div>
<p><b>Name of Client's Primary Care Physician</b></p> <div style="border: 1px solid black; height: 40px;"></div>	

<p><b>Client Living Situation</b></p> <p>Where does the client sleep at night? Is their living situation temporary even though it's more than one night? Where did they sleep before being hospitalized?</p> <p>Board and Care Homeless     Respite (Abiding Hope, TLCS, etc.)     Temporary Shelter     With Family/Friend (Couch Surfing)     Emergency Shelter     Uninhabitable Space (i.e. under bridge)     Hotel/Motel House/apartment Room and Board Supported housing Unknown Other:</p>	<p><b>Co-occurring Substance Use:</b>                      Yes                      No</p> <p><b>Please describe any substance use or abuse challenges and date of last occurrence:</b></p> <div style="border: 1px solid black; height: 80px;"></div>
<p><b>Please describe any cultural/language/spiritual accommodations or needs:</b></p> <div style="border: 1px solid black; height: 60px;"></div>	

**I have discussed this referral with the client and client agrees with referral: \_\_\_\_\_ Please INITIAL**

<b>Referral Source Staff Name:</b>	<b>Referring Hospital/Program Name:</b>	<b>Referral Source Phone Number:</b>