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| **Provider Referral Form**  |
|  |
| **Your Information:** |
| **Name and title/degree:** | Last, First | **Date:** | mm/dd/yyyy |
| **Phone:** | (xxx) xxx-xxxx | **Organization:** | Click here to enter text |
| **Email Address:** | xxxxxxxx@email.com |
|  |  |  |  |
| **Who are you Referring?** |
| **Name and any akas:** | Last, First | **DOB:** | mm/dd/yyyy |
| **Gender:** | Click here to enter text | **SS#:** | xxx-xx-xxxx |
| **Race:** | Click here to enter text | **Language:** | Click here to enter text |
| **Phone:** | (xxx) xxx-xxxx | **Address** **or known locations:** | Click here to enter text |
| **Diagnosis:** | Click here to enter text |
| **Substance Use:** | Click here to enter text |
| **Current Provider:** | Click here to enter text |
| **Why are you referring this individual to the Assisted Outpatient Treatment Program? (presenting problem, mental health symptoms, current situation)** |
| Click here to enter text |
| **Concerns Regarding History of Violence (please explain):** |
|  [ ]  Threats | [ ]  Attempts | [ ]  Acts |
| Click here to enter text |
| **Concerns Regarding History of Self Harm (please explain):** |
|  [ ]  Threats | [ ]  Attempts | [ ]  Acts |
| Click here to enter text |
| **History of Community based treatment:** |
| Click here to enter text |
| **History of Psychiatric Hospitalizations *with in the last 36 months* (dates and locations of admissions - this does not include contacts such as PES):** |
| Click here to enter text |
| **History of Law enforcement encounters *with in the last 36 months*:** |
| Click here to enter text |
| **Entitlements (i.e. current income, benefits, health insurance. How are they meeting their needs):** |
| Click here to enter text |
| Any known relevant history or information: (client interests, strengths, triggers, supports, trauma history, etc) |
| Click here to enter text.  |