|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | | |