

## CRISIS SERVICES REFERRAL FORM

Referred to:  WCRU  MCRU  CARE House Date of Referral: \_\_\_\_\_

| CLIENT INFORMATION   |                          |  |                 |   |                          |
|--|--------------------------|--|-----------------|---|--------------------------|
| Client Name:   |                          | Client ID:   |                 | Client Phone:   |                          |
| Home Address:  |                          |  | Current Address |   |                          |
| DOB:   |                          | SSN:   |                 | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female        |                          |
| Parent/Guardian Name:  |                          | Parent/Guardian Phone:   |                 |   |                          |
| Active Client? <input type="checkbox"/> Yes <input type="checkbox"/> No    |                          | If Yes, which clinic?  |                 | # of Psychiatric Hospitalizations in the past:<br>Year: _____ 6 months: _____   |                          |
| <b>PSYCHIATRIC HISTORY</b>   |                          | <b>MEDICAL HISTORY</b>   |                 | <b>SUBSTANCE USE HISTORY</b>  |                          |
| Current DX:  |                          | Current DX:  |                 | Current Substance Use: <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
| Current Psychiatric Medication(s):   |                          | Current Medication(s):   |                 | Type of Substance(s) Used:  |                          |
| Date medication last taken:  |                          | Date medication last taken:  |                 | Last Date of Use:   |                          |
| CONTACT INFORMATION OF REFERRING PERSON (who completed this form)          |                          |  |                 |   |                          |
| Name:  |                          | Phone:   | Email:          |   | Agency:                  |
| REASON FOR REFERRAL (please explain in detail the reason for the referral) |                          |  |                 |   |                          |
|  |                          |  |                 |   |                          |
| CURRENT RISK AND SAFETY CONCERNS (check all that apply & explain above)    |                          |  |                 |   |                          |
| Yes  | No                       |  |                 | Yes   | No                       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Current Thoughts of Harming Another Person   |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Perpetrator of Violence/Abuse  |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | History of Injuring another Person   |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Current Thoughts of Self-Harm/Suicide  |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Prior Suicide Attempt (Most Recent Date: )   |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Current Substance Use/Abuse  |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Criminal Justice System Involvement  |                 | <input type="checkbox"/>  | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Charges Pending <input type="checkbox"/> Time Served |                 | <input type="checkbox"/> Other: Multiple threats of physical harm               |                          |

Please e-mail completed for to: [Crisis.Services@mhmrctc.org](mailto:Crisis.Services@mhmrctc.org)

Please put name of unit referring to in the subject line.