



## Screening & Referral Form

REQUESTED SERVICE(S)						
MARK WITH "X":	Crisis:	Opt:	Mentoring:	IIH:	Parenting:	MHSS:
	OTHER:					

CLIENT INFORMATION			
Individual:		Medicaid #:	
Race:		MCO:	
DOB:		Gender:	
School:		Grade:	
Guardian:		Phone #s:	
Address:			

REFERRAL SOURCE *MUST BE COMPLETED*			
Name and Credentials		Agency:	
Address:		Phone:	
E-mail:		Fax:	

MENTAL HEALTH SERVICES	
Prior psychiatric hospitalizations?	
Prescribed medications?	
List Current mental health services in place (Case management, Psychiatric care, individual therapy, etc.) and/or involvement in the judicial system?	
PRESENTING PROBLEM	
Describe reason for referral, including frequency, intensity, and duration of behaviors over the past 30 days.	
Behaviors that put the individual at risk of out-of-home placement, in personal danger, substance use, and/or are	Behaviors that display deficits in social skills and/or dealing with authority, hyperactivity, poor impulse control, signs of



significantly socially inappropriate:	extreme depression, signs of being marginally connected with reality:
(include impairments in symptom management, practicing safety, adherence to medication, personal hygiene, eating healthy meals, resources & supports, social skills, managing money, compliance with rules):	

**Community Stabilization CRISIS REFERRALS ONLY:**

**What is the anticipated length of Community Stabilization Services needed?** (Typically 1-2 weeks in length, but you can put other lengths as well)

**What long term supports and services does the individual need? Any pending Referrals (Outpatient, Medication Management, IHH, FFT, etc.) that you have initiated?** Impact's Crisis Services can help coordinate setting up any needed new services or follow-up on referrals that you have already completed to other agencies (Opt, Med Management, etc.).

**Signature of Referring Worker with Name and Credentials:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Crisis Referral Form can be emailed to [CRISIS@impactlivingservices.org](mailto:CRISIS@impactlivingservices.org) or faxed to 1-434-234-0235.