

HUMAN SERVICES, INC.

PSYCHIATRIC REHABILITATION PROGRAM REFERRAL

520 East Lancaster Avenue,
Downingtown, PA 19335

Phone 610-873-1005
Fax 610-873-3317

Name: Case #: Date:
Address:
DOB SS# Phone
Client's Rehabilitation Interests
Strengths Deficits

SOURCE OF INCOME: Public Assistance SSI: SSD: VA: Job:
Other: Amount: MA Recipient #
Medicare A B Private Insurance/HMO ID#
No Insurance/County Pay CCBH
Current Living Arrangement: CRR SLA Independently Family Other

MOST RECENT HOSPITALIZATION:

Table with 3 columns: Where?, Admit Date, D/C Date

CURRENT TREATMENT SERVICES: INCLUDE MH AND D&A

Agency Address Ph
Case Manager+ph Therapist+ph
Psychiatrist Other services and provider's +ph#
PCP Phone #

PSYCHIATRIC DIAGNOSIS: (Complete all 5 Axes)

Axis I:
Axis II:
Axis III: Axis IV: GAF

USE OF DRUGS/ALCOHOL:

Substance Length of use Time sober
D&A treatment? AA/NA
Incidences of Violence, Arrests, Prison, Probation

SIGNATURE: DATE:
REFERRING PERSON: PHONE:

*Must have a recommendation from a Physician, Physician's Assistant, Certified Registered Nurse Practitioner, or Psychologist. (This can be noted in an evaluation, discharge recommendation or signature as referring person.)

*Include a recent legible psychiatric evaluation with referral. Send or fax to Kristine Vuocolo
Revised 7/2013