

STEPPING STONES CLUBHOUSE REFERRAL

1219 E. Lincoln Highway Coatesville PA 19320 Ph:610-384-8058 Fax 610-384-6251 A program of Human Services, Inc.

DATE: _____
NAME: _____ BSU CASE NUMBER: _____
ADDRESS _____ Consumer Lives: () Independently () CRR
() family () other _____
PHONE: _____ DOB _____ SS# _____

Consumer's Rehabilitation Interests: _____
Strengths: _____
Rehabilitation Deficits: _____
Employment History, Job Skills: _____
Income Source: _____ Amount: _____

INSURANCE INFORMATION:

() MA Recipient # _____
() Medicare: () A () B () Key 65 () US Healthcare () Other _____
() Private Insurance/HMO _____ ID# _____
Phone #: _____ Contact Person: _____
() No Insurance/County Pay

MOST RECENT HOSPITALIZATION:

Where?	Admit Date:	D/C Date:

CURRENT TREATMENT SERVICES: (include MH and D&A)

AGENCY: _____ Address: _____
Therapist: _____ Phone: _____
Psychiatrist _____ Case Mgr. _____

PSYCHIATRIC DIAGNOSIS: (Complete all five 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/DT: _____
Incidences of Violence, Arrests, Prison, Probation: _____

SIGNATURE: _____ DATE: _____
REFERRING PERSON _____ PHONE: _____

Include a recent Psych.Evaluation with Referral. Send or Fax to Stepping Stones Clubhouse (address, fax # above)
A Functional Assessment is performed at time of intake to determine rehabilitation interests.