

Stepping Stones Clubhouse Referral

1219 E. Lincoln Highway Coatesville PA 19320 ~ Phone: 601-384-6058 ~ Fax: 610-384-6251 ~ A Program of Human Service, Inc.

Name: _____ Date: _____

Phone: _____ Referral From: _____

Address: _____ DOB: _____

SS#: _____

INSURANCE INFORMATION:

() MA Recipient #: _____

() Medicare: () A () B () Key 65 () US Healthcare () Other: _____

() Private Insurance: _____

() Uninsured/County Pay

LAST HOSPITALIZATION: (only needed if it is within the last year)

Where?	Admit Date:	D/C Date:

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

Agency: _____ Address: _____

Phone: _____ Fax: _____

Agency: _____ Address: _____

Phone: _____ Fax: _____

Therapist: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Case Mgr.: _____ Phone: _____

PCP: _____ Phone: _____

Parole Officer: _____ Phone: _____

Psych Rehab: _____ Phone: _____

USE OF DRUGS/ALCOHOL:

History of D&A? Current Past None

Current Use? Cigarettes (Amount/Frequency: _____) Alcohol (Amount/Frequency: _____)

Other: _____

Legal Involvement/History (Including, but not limited to; Arrests, Prison, and Probation): _____

PSYCHIATRIC DIAGNOSIS:

Medical Conditions/Physical Health Issues: _____

SIGNATURES:

Applicant (optional): _____ Date: _____

Individual Completing this Form: _____ Date: _____

Licensed Referring Professional*: _____ Date: _____

**Licensed Referring Professional must be one of the following: Physician, Physician's Assistant, Certified Registered Nurse Practitioner, or Psychologist.*

Include a recent Psych. Evaluation and the Member Application with this Referral. Send or fax all papers to Stepping Stones Clubhouse Director Kristine Vuocolo (address and fax # above).