College Community Services Referral Form

(Office Use Only) MediCal#: ________________

Client Information

Date of Referral: (Required)	AZ Number: (Office Use Only)

Referral Agency: ☐ Primary Physician ☐ Probation ☐ Other: _______________________

Contact Person at Referral Site:	Telephone:

Referral Type: ☐ Call-in ☐ Fax ☐ Walk-in ☐ Transfer/Other: _______________________

Name of Client:	DOB:	Age:

Sex: ☐ Male ☐ Female	Social Security Number:

Address:	City:	Zip Code:

Telephone/Message Number:	Alternative Number:

Preferred Language: ☐ English ☐ Spanish ☐ Other: ___________________

Insurance: ☐ Medi-Cal ☐ Medi-Medi ☐ Other/Private: ______________________

Reason for Referral (Optional)

Behavior/Mood

- ☐ Aggressive/angry/hits
- ☐ Short temper
- ☐ Impulsive
- ☐ Low self-worth
- ☐ Seeks attention
- ☐ Steals/lies
- ☐ Withdrawn/Isolative
- ☐ Anxious/nervous
- ☐ Sad/depressed
- ☐ Erratic behavior
- ☐ Disrupts others
- ☐ Daydreams
- ☐ Paranoia
- ☐ Delusions
- ☐ Hallucination
- ☐ Self-Harming behavior
- ☐ Alcohol/Drug Use
- ☐ Other ____

Work Performance

- ☐ Does not work
- ☐ Tardy/poor attendance
- ☐ Poor work performance
- ☐ Learning disability
- ☐ Low interest/motivation
- ☐ Poor Concentration
- ☐ Incomplete work
- ☐ Short attention span

Home situation

- ☐ Married/Lives with significant other
- ☐ Separated/Divorced
- ☐ Homeless
- ☐ Lives alone
- ☐ Other: _________________

Social environment changes

- ☐ Deaths
- ☐ Births
- ☐ Family/friend moved
- ☐ Housing issues
- ☐ Frequent runaway
- ☐ Pregnant
- ☐ Financial issues
- ☐ Legal issues

Service Delivery Preferences: ☐ Home ☐ Office ☐ Other: ______________

Other Information: ____

CCS Bakersfield
2821 H Street
Bakersfield, CA 93301
Tel: 661-546-6365
Fax: 661-404-5438

CCS Taft
1021 4th Street, Ste. B
Taft, CA 93268
Tel: 661-765-7025
Fax: 661-765-7045

CCS Wasco (Adult)
930 F Street
Wasco, CA 93280
Tel: 661-674-3377
Fax: 661-240-5840

CCS Tehachapi
113 East F Street
Tehachapi, CA 93561
Tel: 661-822-8223
Fax: 661-823-347

CCS Lake Isabella
2731 Nugget Avenue
P.O. Box 2632
Lake Isabella, CA 93240
Tel: 760-379-3412
Fax: 760-379-5332

CCS Ridgecrest
1400 N. Norma St. Ste. 127-133
Ridgecrest, CA 93555
Tel: 760-499-7406
Fax: 760-499-7479

CCS Mojave
16940 Hwy. 14, Suite C-J
Mojave, CA 93501
Tel: 661-824-5020
Fax: 661-824-5026

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Identified Risk

1. Has the individual been a danger to him/herself or to others in the last 90 days?
   ☐ Yes ☐ No ☐ Unknown
2. Has the individual been hospitalized in the last 90 days?
   ☐ Yes ☐ No ☐ Unknown
3. Does individual currently have any thoughts, plans or intent to commit suicide?
   ☐ Yes ☐ No ☐ Unknown
4. Does individual currently have any homicidal thoughts, plans or intent?
   ☐ Yes ☐ No ☐ Unknown

OFFICE USE ONLY

CONTACT ATTEMPT:

1ST _____________ RESPONSES__________________________________ INITIAL__________

2ND _____________ RESPONSES__________________________________ INITIAL__________

3RD _____________ RESPONSES__________________________________ INITIAL__________

☐ 10-day letter sent on ______________

Outcome Results: ____

Referring Party Informed: ☐ Yes ☐ No Date: ______________

Service:	Date:	(2nd Date:)	(3rd Date:)
Intake			
Assessment			
Treatment Plan			
First Time Service			

OFFICE CHECKLIST

☐ Info Note

☐ Registered in Cerner

☐ Scheduler (Therapist & RC)

☐ Ran Medical – If NO, explain: ____

☐ Entered Client into CSI Log

☐ Disposition Letter ☐ Letter Faxed – Date: ___________ ☐ No Disposition Letter Required

THIS TRANSMISSION CONTAINS CONFIDENTIAL AND PRIVILEDGED HEALTH INFORTMATION THAT IS PROTECTED FROM MISUSE AND UNAUTHORIZED DISCLOSURE BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, THE REGULATIONS PROMULGATED THEREUNDER, AND OTHER APPLICABLE STATE LAWS (COLLECTIVELY, "THE LAWS"). VIOLATION OF THE LAWS MAY RESULT IN CIVIL AND/OR CRIMINAL PROSECUTION AND/OR THE IMPOSITION OF MONETARY PENALTIES. THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. IF THE READER OF THIS OF THIS MESSAGE IS THE INTENDED RECIPIENT, OR THE EMPLOYEE, OR AGENT RESPOSIBLE FOR THE DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSCLOSSURE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION AND THE INFORMATION CONTAINED HEREIN ARE STRICTLY PROHIBITED AND UNLAWFUL. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THE PRIVACY OFFICER OR ASPEN EDUCATION GROUP IMMEDIATELY BY CALLING TOLL-FREE (888) 97-ASPEN AND KINDLY RETURN THE ORIGINAL TRANSMISSION VIA THE U.S. POSTAL SERVICE ADDRESSED TO: ASPEN EDUCATION GROUP, 1777 CENTER COURT DRIVE, SUITE 300, CERRITOS, CA 90703, ATTN: PRIVACY OFFICER.

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