

Children's Choice Respite Referral Form

Referred by: _____ Phone: _____

Please Check One of the Following:

Parent Therapist Psychiatrist Other: _____

Client Information: 1915i Approved: Yes No

Name: _____ Phone: _____

Address: _____ SS#: _____

_____ DOB: _____

Gender: M F Race: W B H O Age: _____

Insurance: _____ Insurance #: _____

Caretaker: _____ Relationship: _____

Household Members: _____

Behavioral Diagnoses & Code: (attach a copy of ITP/IRP)

Diagnostic Category 1: _____

Diagnostic Category 2: _____

Diagnostic Category 3: _____

Diagnostic Category 4: _____

Diagnostic Category 5: _____

Primary Medical Diagnosis:

Diagnostic Category 1: _____

Diagnostic Category 2: _____

Diagnostic Category 3: _____

Social Elements Impacting Diagnosis:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to Health Care services | <input type="checkbox"/> Housing problems | <input type="checkbox"/> Problems related to the social environment |
| <input type="checkbox"/> Educational Problems | <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Other psychosocial and environmental problems | <input type="checkbox"/> Unknown |

Date of dx & who diagnosed: _____

Current Need for Respite: (Precipitating Events)

Mental Health TX Provider:

Agency: _____ Therapist: _____

Address: _____ Phone: _____

Medication (List): _____ Compliant? Y N

Current Treatment: (modality and frequency)

Treatment HX: (hospitalizations / other agencies / etc)

Fire-setting: Y N (explain)

Sexual Acting Out: Y N (explain)

Substance Abuse: Y N (explain)

Suicidal / Homicidal Ideation: Y N (explain)

School Problems: (HX):

Family HX: (Mental Health/AOD Abuse/TX)

Other Pertinent Information:

Signature: _____ Date: _____