

Phone: 903-572-9893 Fax: 903-572-8873 P.O. Box 1138 Mt. Pleasant, TX 75456-1138

Referral Information

Provision of the requested information will greatly assist us in determining if the person being referred would be appropriately served with an admission to our facility. Please note that some items ask you to attach the requested information; other items just need to be filled in. Feel free to attach whatever additional information you believe should be useful in our decision-making process. Consideration of the referral will be delayed until the packet is complete & all requested information has been provided.

Date:

IDENTIFICATION

Name:

Address:

Date of Birth: _____ SSN: _____ Race: _____ Sex:

Height: _____ Weight:

Marital Status: _____ Spouse:

Primary Contact:

Address:

Phone:

Secondary Contact:

Address:

Phone:

FINANCIAL

Care #: _____ Medicaid #: _____ Medicare #:

SSI Amount: _____ SSD Amount:

Private Pay: Yes No

Payee:

Private Insurance: _____ Policy #: _____ Grp #:

Address: _____ Phone:

Please provide a copy of the Social Security determination of benefits, current Medicaid card, or Medicare card.

MEDICATIONS

List Meds or Attach Med Sheet:

Allergies (effect; reaction; when dx'ed):

Hospitality House Referral Information

Consumer:

Rx History/Effect:

DIAGNOSIS

Axis I:

Axis II:

Axis III:

Include complete **SOCIAL HISTORY** & relevant updates

Include **PSYCHIATRIC HISTORY** & evaluations

Include **HISTORY AND PHYSICAL** (any historical significant findings)

Include at least **2 SETS OF LAB WORK**

Include HIV & Hepatitis panel if **sexually promiscuous or hx of IV drug use**

Include **2-4 WEEKS OF DAILY & PHYSICIAN PROGRESS NOTES**

Include labs from the past **30** days if there are **abnormal** labs, and **notation** addressing abnormal lab values

LEGAL

If in on commitment, when does this expire?

Hx of Arrests w/ Dates:

Adjudication (parole/probation):

Parole/Probation Officer: _____ Address:

Phone: _____ Fax:

Conditions of parole/probation:

Length of parole/probation:

OTHER REFERRAL INFORMATION

Reason for referral:

Person Making Referral: _____ Phone:

Address:

Interests/hobbies/likes/dislikes:

GUARDIANSHIP

Guardian:

Address:

Phone:

Hospitality House Referral Information

Consumer:

SPECIAL CONSIDERATIONS (include on separate pages)