



County of San Diego HHS Programs and Services

**REFERRAL TO INSTITUTIONAL CASE MANAGEMENT (ICM) PROGRAMS**

\*\*\* Hover the pointer over the program title, right click the mouse and select "Open Hyperlink" for more information. \*\*\*

**REFERRAL TO INSTITUTIONAL CASE MANAGEMENT (ICM) PROGRAMS**

- [County of San Diego ICM:](#) (619) 692-8715; <mailto:CCMreferrals@sdcounty.ca.gov>
- [Telecare AgeWise ICM:](#) (619) 481-3850; <mailto:agewise@telecarecorp.com>

**\*PLEASE BE SURE TO ATTACH CONSERVATOR'S INVESTIGATION REPORT & CURRENT LETTERS AND ORDERS**

**REFERRING PARTY INFORMATION**

Date of Referral: Name of Person Making Referral:

Email of Referring Party, if available\*:

Referring Agency: Address:

Phone: Fax:

\*If choosing to communicate via email, please ensure compliance to Article 14 and confidentiality requirements. Email may be used between providers and referring parties as long as no client information is included unless encryption is used. This referral form should never be sent via email unless encrypted.

**IDENTIFYING INFORMATION OF PERSON BEING REFERRED**

Name: SS# (Last 4 ONLY): DOB: Age: MIS#:

Aliases: Gender: Language of Preference: Ethnicity:

Address: Phone:

Has he/she ever been Homeless?  YES  NO Period of Homelessness:

Alternate Telephone Number or Other Supports: Relation: Phone:

**CLINICAL INFORMATION**

Current Problems, Barriers, Challenges, OR Problems When Person is Not Stable:

**Mental Health Stage of Recovery:**  Pre-Contemplation  Contemplation  Preparation  Action  Maintenance  Relapse

History of Mental Health Treatment:

**Does Person Have Problematic Use of Substances?**  YES  NO Date of Last Use:

Substance(s) of Choice:

Substance Use Stage of Recovery:  Pre-Contemplation  Contemplation  Preparation  Action  Maintenance  Relapse

History of Drug/Alcohol or Co-Occurring Treatment:

Risk for Harm or Dangerous Propensities (e.g., Suicide Attempts, SI, HI, Command AH, Hx of Violence, Threats, Risky Behavior):

Current Impairments in Daily Functioning:

Goals, Strengths, and Interests:

**CULTURAL FACTORS RELATED TO MENTAL HEALTH:**

**DIAGNOSES**

Primary:

Secondary:

Other(s):

Medical condition(s) important to the understanding or management of an individual's mental disorder(s):

Psychosocial and contextual factors (use V&Z codes most relevant to the mental disorder):

**CURRENT MEDICATIONS:**

Current Treating Psychiatrist:

Phone:

**CURRENT MEDICAL ISSUES:**

Primary Care Physician:

Phone:

**RESIDENTIAL INFORMATION:**

Name of Facility:

Date of Admission to Facility (if known):

**LEGAL INFORMATION**

Is Person Conserved?  YES  NO Name of Conservator:

Phone:

Has Person been Incarcerated or Had Legal Issues?  YES  NO If yes, please explain:

Person is on  Parole  Probation Parole/Probation Officer:

Phone:

Other Pertinent Legal Information or Restrictions:

**FINANCIAL / INSURANCE INFORMATION**

Current Source of Income:  SSI  SSDI  SDI  WORK  NONE  Other:

Payee Name:

Payee Phone (If not HHSA):

Payee Address (If not HHSA):

Current Insurance Status:  Medi-Cal  Medicare  VA  Indigent  Other:

Medi-Cal #:

Medicare #:

Private/Other Insurance Information:

Policy #:

Phone:

**VA Information**

Contact Name:

Phone:

Address:

Person Completing Referral: \_\_\_\_\_ Date: \_\_\_\_\_