

Address: Phone: () -
Has he/she ever been Homeless? YES NO Period of Homelessness:
Is he/she connected to Whole Person Wellness? YES NO
Alternative Telephone Number or Other Support Contact: Relation: Phone: () -

CLINICAL INFORMATION

Is Person Interested in Case Management? YES NO Provide Specific Reason(s) for Referral:
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:
Number of Psych Hospitalizations in the past year: Reasons:
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: () -

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: Phone: () -

Current Insurance Status: Medi-Cal Medicare VA Indigent

Medi-Cal #: Medicare #:

Private/Other Insurance Information: Policy #: Phone: () -

Signature of Person Completing Referral: _____ Date: / /

This electronic form can also be found in the [Technical Resource Library \(TRL\)](#) and/or [Network of Care](#).

*ICM – Institutional Case Management (clients from locked settings)