

COMMUNITY BEHAVIORAL SERVICES, INC.

AGENCY REFERRAL FORM

www.communitybehavioralservices.com

109 West Bel Air Ave.
Aberdeen, MD 21001
(410)297-2271 FAX (410) 297-2273

8967 Yellow Brick Road, Suites A&B
Rosedale, MD 21237
(410)780-5203 FAX (410)780-5205

4705A Harford Rd
Baltimore, MD 21206
(410) 444-4225 FAX 410-444-1105

Check One: ()Aberdeen ()Rosedale ()Hamilton
Check Requested Program: ()Clinic ()PRP ()VOCATIONAL
DATE: _____ NAME: _____ PHONE#: _____

ADDRESS: _____ RACE: _____

MA# _____ MC# _____ GENDER: _____

DOB: _____ AGE: _____ MARITAL STATUS: _____ SSN#: _____

EMPLOYMENT STATUS: _____ # OF DEPENDENTS: _____

INCOME SOURCES: _____ AMOUNT OF INCOME: _____

PSYCHIATRIST: _____ LAST VISIT: _____

ADDRESS: _____ PHONE/FAX#: _____

PRIMARY CARE: _____ LAST VISIT: _____

ADDRESS: _____ PHONE/FAX#: _____

THERAPIST: _____ LAST VISIT: _____

ADDRESS: _____ PHONE/FAX#: _____

LIST ALL MEDICATIONS: _____

DIAGNOSIS AXIS I: _____

MANDA- AXIS II: _____

TORY AXIS III: _____

PLEASE FILL-IN! AXIS IV: _____

AXIS V: _____ HIGHEST GAF: _____ DIAGNOSED BY: _____

HISTORY OF HOSPITALIZATIONS AND SUICIDAL ATTEMPTS OR PLANS IN THE PAST: _____

HOSPITALIZATIONS IN THE PAST YEAR: _____ HOSPITAL(S): _____

REFERRING AGENCY: _____ CASE MANAGER: _____

ADDRESS _____ PHONE#: _____

EMERGENCY CONTACTS:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE#: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE#: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE#: _____

CHILD CLIENT MUST HAVE THREE EMERGENCY CONTACTS

HISTORY OF SERIOUS MEDICAL CONDITIONS: _____

HISTORY OF SUBSTANCE USE/DEPENDENCY/FREQUENCY/ AND TREATMENT PROGRAMS

ATTENDED IN PAST: _____

HISTORY OF VIOLENT BEHAVIORS: _____

HISTORY OF LEGAL INVOLMENT (PAST AND PRESENT) LIST PROBATION OR LEGAL CHARGES

THAT ARE PENDING: _____

WHAT PURPOSE IS THE REFERRAL BEING MADE AT THIS TIME? _____

WHAT SERVICES STILL NEED TO BE FOLLOWED UP FOR THIS CLIENT? _____
