

COMMUNITY BEHAVIORAL SERVICES, INC.

AGENCY REFERRAL FORM

[www.communitybehavioralservices.com](http://www.communitybehavioralservices.com)

109 West Bel Air Ave.  
Aberdeen, MD 21001

8967 Yellow Brick Road, Suites A&B  
Rosedale, MD 21237

(410)297-2271 FAX (410) 297-2273

(410)780-5203 FAX (410)780-5205

Check One: ( )Aberdeen ( )Rosedale

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 AXIS IV: \_\_\_\_\_

FILL-IN! 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_