

Referral Information Required for Resident Intake:

Please provide the following information when referring a resident:

1. Personal Information:

- a. Full name
- b. Sex
- c. Age
- d. Date of birth
- e. Address
- f. Social Security Number
- g. Date of admission to referring agency

2. Referring Agency Details:

- a. Name of agency
- b. Agency address
- c. Contact person's name and title
- d. Telephone number
- e. Email address

3. Medical and Health Provider Contacts:

- a. Primary physician (name, address, phone number)
- b. Other medical or mental health providers, if applicable

4. Medical Assessment:

- a. Record of any infectious or contagious diseases requiring medical attention
- b. Results of tuberculosis (TB) test
- c. Identification of any special problems or needs
- d. List of prescribed medications
- e. Ambulatory status (e.g., independent, requires assistance)
- f. Date and results of most recent physical examination

5. Case History / Court Report:

- a. Summary of the presenting problem
- b. Community adjustment
- c. Family relationships
- d. Prior treatment or placement interventions
- e. Please attach current case history or court report

6. Psychiatric / Psychological Evaluation:

- a. Most recent evaluation, including
- b. Current psychiatric/psychological diagnosis
- c. Please attach full evaluation report

7. Academic Records:

- a. Most recent school report
- b. Notes on school adjustment
- c. Please attach academic documentation