



People, Places, and **Dreams**

Peer • Wellness • Recovery

Client Referral Information

Date: _____ Client ID: _____

Referring Source: _____

Referring Doctor/ Agency: _____

Phone: _____

Email: _____

Client Name: _____

DOB: _____ Social Security Number: _____

Is client their own legal guardian? Yes No

If no, name of legal guardian: _____

Client/ Legal Guardian Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship to Client: _____ Permission to Contact: Y N



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Primary Insurance: _____

Group #: _____ **MMIS #:** _____

Criminal Record Yes No (If yes, please explain): _____

SUD Diagnosis: Dx _____ Dx _____

Dx _____ **MH Diagnosis:** Dx _____ Dx _____

Dx _____

Medical Conditions (pertinent to care): _____

Medications (pertinent to care): _____

MAT: Yes No (If yes, please give medication and dosage): _____

Social Services Involvement (pertinent to care): _____

Environmental Conditions (pertinent to care): _____

Financial Conditions (pertinent to care): _____

Criminal Justice Involvement (pertinent to care): _____

Case Manager: _____

Phone: _____ **Fax:** _____

Counselor: _____

Phone: _____ **Fax:** _____



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Current Symptoms/ Behavior Observations (please check all that apply):

Anxiety/ Stress	Anger	Substance Use	Opioid Use/ Heroin Use
Marijuana Use	Impulsivity/ ADHD/ADD	Depression/ Hopelessness	Relationship Concerns/ Abuse
Alcoholism	High Risk Activities	Benzo Use	Meth Use
Cocaine/ Crack Use	Gambling Addiction	Co-Occuring Disorders	Court Ordered

Services Requested:

Peer Supportive Services	Recovery Housing	Needs Assessment	SUD Assessment
Case Management	Peer Group	Marijuana Program	Gambling Initiative
Parenting Class			

A determination as to the most appropriate services for each client will be made based on this information. It is important to know as much as possible about each client. We ask that you provide as much information as possible, so we can make an accurate assessment of services needed.

Please fax referral forms to:

216-910-9015

Attn: Intake Coordinator