



702 Sunset Drive
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ICTS Preliminary/CPMS Referral

Client Details

| | | | | | |
|---|--|-----------------------------|-----------------------|----------------|----------------------------------|
| Date of Referral: | | | | | |
| Child's Name: | | DOB: | Age: | Gender: | Highest Grade Completed: |
| Parent/Guardian Name: | | | Parent Income: | | County of Responsibility: |
| Parent Phone: | | Where is client now: | | | |
| Parent Fax: | | Parent Address: | | | |
| Release of information signed: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Legal status at time of intake: | | | | | |
| Foster Care: Yes <input type="checkbox"/> No <input type="checkbox"/> / OYA Custody: Yes <input type="checkbox"/> No <input type="checkbox"/> / Juvenile Probation Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Criminal History: Is the child in jail? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |

Insurance

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|----------------------------|--|-----------------------------|--|
| OHP/GOBHI (Prime #) | | Open Card (Prime #): | |
| Private Insurance: | | No Insurance: | |

Referral Person

| | |
|---|------------------|
| Name: | Position: |
| County & Agency: | Phone: |
| Address: | Fax: |
| Reason for Referral: | |
| | |
| Names & Numbers of people who need to be invited to CRT meeting: | |
| | |

Outpatient Service History

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|--|
| Last mental health diagnosis: |
| AXIS I: |
| AXIS II: |
| AXIS III: |
| AXIS IV: |
| AXIS V: |
| Last treatment recommendations: |
| |
| CASII Score: |
| List of Medications: |
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