Evaluation and Mobile Crisis Intervention Referral

Request Time: _____ ☐ AM ☐ PM   Ready Time: _____ ☐ AM ☐ PM   Arrival to ED: _____ ☐ AM ☐ PM

Date: _____ Time: _____ ☐ AM ☐ PM   Person Taking Call: _____

Name of Caller: _____   Phone: _____   Relation to Client: _____

Client Name: _____ DOB: _____ SSN: _____

Gender: ☐ Male   ☐ Female   ☐ Transgender   ☐ Other: _____

Guardian (For child and some adults): _____   Phone: _____

Contacted? ☐ Y   ☐ N   Will they be present? ☐ Y   ☐ N   If not, why? _____

Address: _____ Apt#/Unit: _____ Town: _____ Phone: _____

Emergency Contact: _____   Phone: _____

Primary Insurance: _____ Policy #: _____ Verified ☐ Y   ☐ N

Secondary Insurance: _____ Policy #: _____ Verified ☐ Y   ☐ N

Subscriber DOB: _____ Relationship: _____

Providers (Therapist, Psychiatrist, ICC, CSA): _____ None ☐

Include Phone #: _____

Special Communication Needs

☐ None reported   ☐ TDD/TTY Device   ☐ Sign Language Interpreter   ☐ Assistive Listening Device(s)

☐ Language Interpreter Services Needed   Spoken Language: _____

Special Physical Accommodations: _____   ☐ None

☐ Other: _____

Has this person been seen by Crisis before: ☐ Y   ☐ N If yes, where and when: _____

_____

Location for Evaluation: _____

Hospital ED/Med Evaluation

Medical Issues and Concerns:

Medical Clearance: (BAL/TOX Screen)(Chemical/Physical Restraint)

Can hospital staff print med clearance? ☐ Y ☐ N

Community Evaluation

Is this person willing to be evaluated: ☐ Y ☐ N If no, next steps. Police with Clinician? _____

Any Pets ☐ Y ☐ N If yes, what kind: _____ Aggressive ☐ Y ☐ N Containable ☐ Y ☐ N

Weapons ☐ Y ☐ N If yes, can they be secured or removed ☐ Y ☐ N Current Restraining Orders ☐ Y ☐ N

Substance Use ☐ Y ☐ N   If yes, would they be willing to refrain while clinicians are present? ☐ Y ☐ N

Who else will be present (or may drop by): _____

Any HX of violence of household members or visitors who will be present?

Comments/concerns regarding area/neighborhood:

Scheduled time/plan for evaluation: _____

Reason for Referral (Include current Substance Use and HX of Violence/Aggression towards self/others):