

UNIVERSAL REFERRAL FORM
18TH Judicial District & Community Stakeholders

This form is to be utilized by and on behalf of clients in the 18th Judicial District for the purpose of determining whether the participant is eligible for participation in the programs listed below. This form is not an authorization for release of information, nor is it a waiver of the client's rights under HIPAA nor 42 CFR Part 2.

This information may be utilized to populate other agency-specific intake forms; it is used for the convenience of the client who will only have to provide this information once. It may also be used for case management purposes.

[Insert list of programs]

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This information is to be used for the sole purpose of determining whether this participant is eligible for participation in the following program:

- 18th DA Diversion Pretrial Mental Health Program 18th JD Problem Solving Courts
 Aurora Mental Health – ACT or ASCENT Team AllHealth – FACT Team SAFER Housing
 CU WORTH Program Other:

Client Information

Full Name:

Sex & Preferred Pronouns: He/Him

Date of Birth:

Phone Number:

Email:

Homeless Transitional Temporary Long-term Rent/Own Other: Hazelbrook Sober Living

Address:

Insurance Provider:

Policy Number:

Legal Information

Current Legal Charges:

Case Details (All Counties)

Case Number(s):

Court(s):

Judge's Name(s):

Legal Orders/Bond Conditions:

Risk Score/LSI:

Mental Health History

Current Mental Health Diagnosis and or Presenting Symptoms:

Treatment History (if any):

Previous Providers:

Current Medications:

Substance Use History:

History of Substance Abuse:

Current Patterns:

Previous Treatment:

Are you interested in receiving treatment for SA? Yes No Maybe

Main Presenting Problem or Concern

Recent Changes or Triggers:

What assistance is the referring party requesting?

SAFETY PLANNING & CONTINUITY OF CARE

Risk Assessment

History of self-harm or harm to others:

Current risk and protective factors:

Suicide history:

Medical Information

Significant medical conditions:

Current medications (non-psychiatric):

Known allergies/adverse reactions:

Social Support/ADLs

Living situation:

Family/Social support:

Educational status:

Employment status:

Cultural Considerations

Cultural background/preferences:

Preferred language: English

Trauma History

History of trauma/abuse: DNA

Trauma-related symptoms/triggers:

Program-specific Information & Considerations

Program preferences/requirements/safety concerns:

Accommodations/Adjustments/Assistance needed:

Additional Comments or Concerns:



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