MIRCI Group Homes

Referral Form

I. Demographics

Date:___________________

Patient/Client's Name:____

Chart Number:___________________ Phone Number:______________________________

Date of Birth:___________________________ SSN:_________________________________

Address:____

____

Social Worker:______________________________________ Phone:________________________

Emergency Contact:_________________________________ Phone:________________________

Medicaid #:_________________________________ Medicare #:__________________________

Income Status (SSI, SSD, Other):_______________________ Amount:___________________

Doctor:____________________________________ Last POC Date:_____________________

Current Diagnosis(es) Axis I____

Axis II____

Axis III____

II. Medical Needs and Medications Needs

A. Current Psychiatric Medications RX'd:____

____

B. History of Medical Complications and Limitations:_______________________________

____

C. Current Illness(es), Complications and Limitations:_______________________________

____

D. Are there any medical needs the client has that are not being addressed?_______________

____

E. Current Medications being RX'd by any other doctor in the community:_________________

____

Referral Form

Patient/Client's Name:______________________________ **Date:**____________________

F. Date and Location of Last Psychiatric Hospitalization:________________________________

____

III. Alcohol and Drug Use

A. History of Alcohol and/or Drug Use (specific names, amounts, with whom, where, when):__

____

____

____

B. Current Alcohol and/or Drug Use (with whom, what, quantity, frequency, duration):_______

____

____

____

IV. Counterproductive Behaviors

A. History of Anti-Social Behaviors (stealing, aggression, other legal encounters, criminal charges [pending]):____

____

B. Suicide attempts:____

____

C. History of Re-hospitalization and/or Medication Non-compliance:______________________

____

V. Client Goals for Program

____

____

____

Other:____

____

Forward Completed Referral Form to:

MIRCI
PO Box 4246
Columbia, SC 29240
Fax (803) 754-7783