



DEPARTMENT OF MENTAL HEALTH SERVICES REFERRAL FORM

A CENTER FOR RECREATION EDUCATION ADVOCACY COUNSELING AND HEALTH

ADULT REHABILITATIVE MENTAL HEALTH SERVICES (ARMHS)

Adult Rehabilitative Mental Health Services (ARMHS) is a rehabilitative program for individuals who have a substantial mental health diagnosis (major depression, borderline personality disorder, schizophrenia, bipolar disorder) along with a borderline to mild cognitive impairment who could benefit from services to regain skills related to independent living, involvement in the community or managing their mental health.

The types of skills that can be strengthened through ARMHS are:

- Managing symptoms related to mental health
Education about mental health symptoms and available treatments
Accessing needed mental health services and community resources
Improving communication and interpersonal skills
Finding and maintaining housing
Developing healthy lifestyle skills and practices
Learning household management skills
Maintaining a budget for personal finances
Transitioning into community living
Using transportation and accessing the community with confidence

MENTAL HEALTH SKILLS TRAINING

Mental Health Skills Training at Reach for Resources supports and treats children and adolescents between the ages of 10 and 18 who have mental health diagnoses that impact their ability to be functional in everyday life.

INDIVIDUAL COUNSELING

Reach for Resources specializes in working with people with developmental disabilities such as mental retardation, Down Syndrome, autism, and mild to borderline cognitive difficulties, and their families.

WOMEN'S GROUP

This group provides an opportunity for Women (ages 18 and above) with borderline to mild cognitive disabilities to talk with other women about their concerns and experiences regarding relationships, sexuality, grief and loss, or other topics of interest.

EMPOWERMENT GROUP

Men and Women in this group learn to support each other, solve their own problems, advocate for themselves, and form a strong social network. Participants must arrange their own transportation and be able to wait independently for their ride.

DATE OF REFERRAL:

ATTENTION:

REFERRED BY:

RELATIONSHIP:

SERVICE(S) REQUESTING: ARMHS (AGES 18+)

CTSS - SKILLS TRAINING (AGES 10-18)

INDIVIDUAL COUNSELING

EMPOWERMENT GROUP

WOMEN'S GROUP

PERSONAL INFORMATION

INDIVIDUAL'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

SSN: _____ GENDER: _____ MARITAL STATUS: _____

GUARDIAN / CONSERVATOR: _____ RELATIONSHIP: _____

ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

RACE / ETHNICITY: _____ AFRICAN AMERICAN / BLACK _____ AMERICAN INDIAN / ALASKA NATIVE _____ ASIAN
_____ NATIVE HAWAIIAN / PACIFIC ISLANDER _____ HISPANIC _____ CAUCASIAN / WHITE

DOES THIS INDIVIDUAL HAVE ANY CULTURAL CONSIDERATIONS TO BE AWARE OF? OF SO, PLEASE EXPLAIN.
(VALUES, BELIEFS, RULES OF CONDUCT, FAMILY RULES, TRADITIONS, ETC.)

MEDICAL INSURANCE INFORMATION

DOES INDIVIDUAL HAVE MEDICAL ASSISTANCE? _____ YES - #: _____ NO

MEDICAL SPEND DOWN? _____ YES - AMOUNT: _____ NO

HEALTH INFORMATION

INDIVIDUAL'S MENTAL ILLNESS DIAGNOSIS(ES) :

_____ MAJOR DEPRESSION _____ SCHIZOPHRENIA _____ BIPOLAR DISORDER

_____ BORDERLINE PERSONALITY DISORDER _____ OTHER: _____

COGNITIVE IMPAIRMENT(S) / DEVELOPMENTAL DISABILITY(IES):

_____ MENTAL RETARDATION _____ DOWN SYNDROME _____ AUTISM / ASPERGER'S SYNDROME _____ ADHD / ADD

OTHER: _____

PHYSICAL HEALTH CONCERN(S):

DIABETES VISION IMPAIRMENT HEART CONDITION SLEEP APNEA
 HEARING IMPAIRMENT ASTHMA / BREATHING DIFFICULTIES HISTORY OF SEIZURES

OTHER: _____

PAST HOSPITALIZATIONS DUE TO MENTAL ILLNESS (PLEASE ATTACH A SEPARATE SHEET IF NECESSARY)

DATE	LENGTH OF TIME	REASON

INVOLVED PROFESSIONALS

PSYCHIATRIST? NO YES NAME _____ PHONE _____
CLINIC _____

**PSYCHOLOGIST/
THERAPIST?** NO YES NAME _____ PHONE _____
CLINIC _____

**PRIMARY CARE
PHYSICIAN?** NO YES NAME _____ PHONE _____
CLINIC _____

DENTIST? NO YES NAME _____ PHONE _____
CLINIC _____

SOCIAL WORKER? NO YES NAME _____ PHONE _____
AGENCY _____

**OTHER SERVICE
(ILS, HOMEMAKING,
ETC.)?** NO YES NAME _____ PHONE _____
AGENCY _____

**SPECIALTY
DOCTOR
(NEUROLOGIST,
ETC.)?** NO YES NAME _____ PHONE _____
CLINIC _____

GENERAL INFORMATION

ANY DAY TREATMENT OR WORK SCHEDULES?
 NO YES (PLEASE PROVIDE SCHEDULE):

INVOLVED FAMILY MEMBERS / SIGNIFICANT OTHERS?

_____ NO _____ YES (PLEASE PROVIDE NAME AND RELATION):

PAST OR PRESENT CHEMICAL DEPENDENCY / ABUSE?

_____ NO _____ YES (PLEASE EXPLAIN):

HISTORY OF RECEIVING OR ADMINISTERING PHYSICAL ABUSE?

_____ NO _____ YES (PLEASE EXPLAIN):

HISTORY OF RECEIVING OR ADMINISTERING SEXUAL ABUSE?

_____ NO _____ YES (PLEASE EXPLAIN):

HISTORY OF RECEIVING OR ADMINISTERING VERBAL / EMOTIONAL ABUSE?

_____ NO _____ YES (PLEASE EXPLAIN):

PAST OR PRESENT CRIMINAL ALTERCATIONS?

_____ NO _____ YES (PLEASE EXPLAIN AND PROVIDE DATES):

HISTORY OF VIOLENT BEHAVIORS?

_____ NO _____ YES (PLEASE EXPLAIN):

GENDER PREFERENCE REGARDING ARMHS SPECIALIST TO BE ASSIGNED TO INDIVIDUAL?

_____ MALE _____ FEMALE

WHAT DOES THE **INDIVIDUAL** WANT TO CHANGE IN HIS/HER LIFE DUE TO HIS/HER MENTAL ILLNESS? (WHAT ARE HIS/HER GOALS?)

WHAT ARE **YOUR** GOALS FOR THIS INDIVIDUAL?

WHAT ARE THE INTERESTS OR ACTIVITIES OF THE INDIVIDUAL? WHAT DOES S/HE DO FOR FUN?

IF POSSIBLE, PLEASE MARK THE AREA IN WHICH THIS INDIVIDUAL'S MENTAL ILLNESS IMPAIRS FUNCTIONING IN DAILY LIVING . . .

	MENTAL HEALTH SYMPTOMS	EXPLANATION:
	MENTAL HEALTH SERVICE NEEDS	EXPLANATION:
	DRUG AND / OR ALCOHOL USE	EXPLANATION:
	VOCATIONAL FUNCTIONING	EXPLANATION:
	EDUCATIONAL FUNCTIONING	EXPLANATION:
	SOCIAL FUNCTIONING, INCLUDING USE OF LEISURE TIME	EXPLANATION:
	INTERPERSONAL FUNCTIONING, INCLUDING RELATIONSHIPS WITH ADULT'S FAMILY	EXPLANATION:
	SELF-CARE AND INDEPENDENT LIVING CAPACITY	EXPLANATION:
	MEDICAL HEALTH	EXPLANATION:
	DENTAL HEALTH	EXPLANATION:
	OBTAINING AND MAINTAINING FINANCIAL ASSISTANCE	EXPLANATION:
	OBTAINING AND MAINTAINING HOUSING	EXPLANATION:
	USING TRANSPORTATION	EXPLANATION: