



Referral Form

Part 1: Referral Source Information

Referring Party Name (Printed):
Title:
Organization:
Phone Number:
Email Address:

Part 2: Client Information

Client Name (Printed):
Date of Birth:
Gender: (Male/Female/Non-Binary/Prefer Not to Say)
Address:
City:
State:
Zip Code:
Phone Number:
Emergency Contact Name:
Relationship to Client:
Emergency Contact Phone Number:

Part 3: Reason for Referral (Please indicate)

Part 4: Presenting Symptoms (Briefly describe the client's current symptoms)

Part 5: Current Mental Health Treatment

Is the client currently receiving mental health treatment (e.g., therapy, medication)?
(Yes/No)

If yes, please describe the treatment and provider(s). _____

Part 6: Current Medical Health Status Treatment

Is the client currently receiving medical treatment (e.g., condition, medication)?
(Yes/No)

If yes, please describe the treatment and provider(s). _____

Part 7: Past Medical Health Status Treatment

Is the client currently receiving medical treatment (e.g., condition, medication)?
(Yes/No)

If yes, please describe the treatment and provider(s). _____

Part 8: Level of Care Needed (Please check one)

Detoxification_____

Stabilization_____

Long-Term Treatment_____

Part 9: Additional Information

Briefly describe why you believe residential treatment is the most appropriate level of care for this client.

Are there any specific needs or safety concerns to be aware of? _____

Does the client have any medical conditions? (Yes/No) If yes, please specify.

Does the client have private insurance? (Please specify) _____

Part 10: Release of Information

I authorize the release of any information necessary to determine this client's eligibility for admission to [_____ (Facility name)].

Client Signature (if applicable):

Date:

Part 11: Referring Party Signature

The information provided on this form is accurate and complete to the best of my knowledge.

Referring Party Signature: _____

Date: _____

NB:

The completed form can be delivered at Poinciana Rehabilitation Centre or submitted by email to PRC.Intake@gov.ky