

# TOUCHSTONE RESIDENTIAL REFERRAL

<b>Client Name:</b>	<b>Referral Date:</b>
<b>Date of Birth:</b>	<b>County of Financial Responsibility:</b>
<b>Race:</b>	<b>Gender:</b>
<b>Social Security Number:</b>	<b>Insurance:</b>
<b>Current Location:</b>	<b>Phone:</b>
<b>Anticipated Discharge Date:</b>	<b>Include Recent Diagnostic Assessment:</b>
<b>Source and Monthly Income:</b>	<b>Include Recent Functional Assessment:</b>
<b>Client Diagnoses</b>	<b>Include Recent Locus:</b>
<b>Axis I Primary:</b>	
<b>Axis I Secondary:</b>	
<b>Axis II:</b>	
<b>Axis III:</b>	
<b>Axis III:</b>	
<b>Axis III:</b>	
<b>Please Check All That Apply:</b>	<b>Date and Explanation:</b>
<b>Medication Noncompliance</b>	
<b>History of Violence Towards a Person</b>	
<b>History of Violence to Property</b>	
<b>History of Fire Setting</b>	
<b>History of Sexual Abuse</b>	
<b>History of Sexual Aggression</b>	
<b>Suicidal Behaviors</b>	
<b>Self Injurious Behaviors</b>	
<b>Alcohol Abuse</b>	
<b>Drug Abuse</b>	
<b>Legal Issues</b>	
<b>Person Completing this Form:</b>	<b>Phone:</b>

# **TOUCHSTONE RESIDENTIAL REFERRAL**

**Has client had two or more psychiatric hospitalizations in the last 24 months?**

**Has client had a continuous psychiatric hospitalization or residential treatment exceeding six month duration during the past twelve months?**

**What is the discharge plan following IRTS treatment?**

**What referrals are in place for this person following their IRTS placement?**

**Does the client have or plan to apply for a housing subsidy?**

**Please FAX your referral request to INTAKE at 612 722-1983**

**Please call 612 722-1892 for additional information on current or anticipated openings.**

*If the client meets IRTS admission criteria, the person making the referral will be contacted prior to the next opening to schedule an intake appointment.*