

HOPE House Referral Form

Healing	Opportunities Providing Empowerment
	Peer Recovery Respite Center

CLIENT INFORMATION										
Name (Last, First, M.I)			S	ex: M	F	DOB:				
Address:				lorital atatua		Phone (H):				
City:		larital status: Single	Partnered	Phone (M):						
State:				Married	Separated	Phone (0):				
Zip:				Divorced	Widowed	SSN:				
Current Living Situation										
Able to return to current living situation? Yes No If No, Please Explain										
	EMER	GENCY		ТАСТ						
Name (Last, First, M.I.):					Relationship:					
Address:			1	Phone (H):						
City:	Phone (M):		Zip:		Phone (M/O):					
	REF	ERRAL	SOUF	RCE						
Person Making Referral:										
Agency:		Teleph	none #	:						
	REASO	N FOR		RRAL						
	MED	DICAL	HISTO	RY						
Mental Health Diagnosis:					pliance wi	th treatment:				
Chemical Dependency History (Activ	e/Remise	sion).			Compliance with treatment:					
Medical Problems:										
Able to perform ADL's independently? Yes No If no, please list areas where assistance is needed:										
PMD – Primary Medical Doctor:					Phone:					
Psychiatric Hospitalizations: Yes No At Risk of Hospitalizations: Yes No										

Hope House Referrals should first be called to Niagara County Crisis Services at 285-3515 to Jodi McKay or Jim Swift. Hope House Referral forms can then be faxed to 278-8130.



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HISTORY OF PREVIOUS TREATMENT									
	<u> </u>	npatient -	Treatment						
Inpatient Setting: Dates:		Reasor	ו:	Outcome	:				
	C	utpatient	Treatment						
Clinician:	Dates:	Reasor		Outcome	:				
		MEDIC	ATIONS						
Medication: Do		age:	ge: Frequency:		M.D. Monitoring				
	L	NKAGES	/SERVICES						
Current Service Providers									
Agency	•	Doctor/	Therapist/Care Manag	er:	Telephone:				
Mental Health:				, 	•				
Chemical Dependency:									
Care Manager:									
			1						
SNAP: Yes No		Court System:							
HEAP: Yes No	Attorney:								
Medicaid: Yes No Medicaid ID:			Parole:						
Medicare: Yes No SSI/SSDI: Yes No		Probation/TASC: Drug Court:							
SPOA: Yes No Date App. Comp:			MH Court:						
Additional Issues to be Additional									

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