Referral Application – Residential Placement (PRTF)

Date: _____ **Date Placement Needed**: _____

Client Name: _____

Social Security Number: _____ **Date of Birth**: _____

Age: _____ **Sex**: _____ **Weight**:_____ **Height**:_____

County of Legal Custody: _____ **Place of Birth**: _____

Religious Affiliation:_____

History & Presenting Problems (list all details of behaviors):

_____

_____

_____

_____

Clinical Diagnosis:

_____

_____

_____

Medical Diagnosis:

_____

_____

_____

Medications (list all current medications, dosages, instructions):

_____

_____

Medical insurance:_____

Policy holder (Name, DOB, Policy Number):_____

Medicaid Number: _____

Secondary Insurance: _____

PRIMARY REFERRAL SOURCE INFORMATION

Referring Agency: ◊ COC ◊ DJJ ◊ DSS ◊ DMH ◊ DDSN

◊ School District: _____

Case manager's name: _____**Telephone Number**: _____

Address: _____

Legal Custodian: _____ **Telephone Number**: _____

Address: _____

Current Placement: _____

Number of previous placements: ◊ 0-3 ◊ 4-6 ◊ 7-10 ◊ more than 10

Please list each placement, dates from and to, and reason for discharge:

_____
_____
_____
_____

FAMILY INFORMATION

Mother's name: _____**Telephone**: _____

Address: _____

Father's name: _____**Telephone:** _____

Address: _____

Are the parents: ◊ Married ◊ Divorced ◊Separated ◊ Deceased ◊ Other

Have parental rights been terminated: ◊ YES ◊ NO **If YES, when**: _____

SCHOOL INFORMATION

Last school enrolled: _____

District: _____

Grade: _____ **Special Education**: ◊ YES ◊ NO

225 Midland Parkway, Summerville, SC 29485
Office: 843-851-5015
Fax: 843-851-5012

CURRENT MENTAL STATUS

Insight:	☐ Good ☐ Fair ☐ Poor
Judgment:	☐ Good ☐ Fair ☐ Poor
ADLs	☐ Good ☐ Fair ☐ Poor
Appearance:	☐ Appropriate ☐ Neat ☐ Poor Hygiene ☐ Bizarre ☐ Disheveled ☐Other:_____
Behavior: **Attitude:** **Eye Contact:** **Motor Activity:**	☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Belligerent ☐ Agitated ☐ Good ☐ Fair ☐ Poor ☐ Normal ☐ Increased ☐ Slow
Affect:	☐ Appropriate ☐ Flat ☐ Labile ☐ Constricted ☐ Blunted ☐ Expansive ☐Other:_____
Mood:	☐ Euthymic ☐ Depressed ☐ Euphoric ☐ Anxious ☐ Angry ☐ Irritable ☐Other:_____
Speech:	Rate: ☐ Regular ☐ Slowed ☐ Pressured Volume: ☐ Normal ☐ Low ☐ High
Thought Process:	☐ Goal Directed ☐ Word Salad ☐ Flight of Ideas ☐ Tangential ☐ Loose Associations ☐ Perseveration ☐ Circumstantial ☐ Blocking ☐Other:_____
Thought Content:	☐ Hallucinations ☐ Delusions ☐ Phobias ☐ Obsessions/Compulsions Specify:_____ ☐ Suicidal: Specify:_____ ☐ Homicidal: Specify:_____
Cognitive Functioning:	Orientation: ☐ Person ☐ Place ☐ Time ☐ Situation Memory: Recent ☐ Good ☐ Fair ☐ Poor Remote ☐ Good ☐ Fair ☐ Poor Attention / Concentration: ☐ Good ☐ Fair ☐ Poor

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