

PLEASE REVIEW AND COMPLETE THE FOLLOWING QUESTIONS

1. Where is the Client/Patient going to live? _____
2. Is the Client/SDM (Substitute Decision Maker) aware of this referral? YES NO
 - a) Is the Client:
On CTO: YES NO
Financially Capable: YES NO
Capable of Making Treatment Decisions: YES NO
3. Reasons for Referral? _____
 - a) Why Now?

4. What Other Referrals Sources have been completed? (Please identify Status):

5. Indicate how many times the client has been in hospital in the last year:
Hospitalization: _____ Emergency Visits: _____ Legal Involvement: _____
6. What is the Clients Diagnosis? _____
7. Client Age: _____
8. Medical Conditions:

