

# Changing Behavior Services, LLC



## CLIENT/RECIPIENT REFERRAL FORM

Date: \_\_\_\_\_ Taken by: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Address: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Client/Recipient Name: \_\_\_\_\_

LA Medicaid # \_\_\_\_\_ Healthy Louisiana Plan \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: LA Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: AA, C, H, Other: \_\_\_\_\_ LA Medicaid Verified by: \_\_\_\_\_

Caretaker's name or emergency contact: \_\_\_\_\_ Day time Phone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other \_\_\_\_\_

Whom shall we contact to set up an appointment: \_\_\_\_\_ Best time to call: \_\_\_\_\_

### Types of services provided:

- Medication Management (Dr. Manish Saran, Alexandra Drake, APRN, PMHNP-BC)
- Counseling with a Licensed Mental Health Professional (LPC or LCSW)
- Direct Home/Community services
  - Psychosocial Skills Training (PSR), Community Psychiatric Support Treatment (CPST)

### REASON(S) FOR REFERRAL (CHECK ALL THAT APPLY)

#### SCHOOL:

- Out of school/refuses to attend       Harm or serious threat to staff  
 Disruptive/Hyperactive  
 Failing all or most classes       Noncompliant/Refuses to follow rules requests from authority  
 Violent (fighting, bullying, etc.) to staff/peers       Victim of bullying (internet, social media, face-to-face, etc.)  
 Must have special accommodation(s) to maintain behavior in class       No friends/peer relationships

#### HOME:

- Taken out of/or at risk of removal       Needs close supervision to stay in home  
 Isolates/Withdrawn  
 Serious threat of harm or intimidation       Disregards rules/curfew/out of control  
 Major change(s) in home  
 Severe damage to property       Behavior interferes with parent/guardian's work       Changes in mood

#### COMMUNITY:

- Incarcerated due to serious law violation       Has committed serious property damage       Been arrested  
 Serious/repeated delinquent behavior       On probation for offense within 3 months  
 Plays with fire       Do significant harm to small animals       Violent offense

Hospitalizations: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Medication(s): \_\_\_\_\_

Suicidal Thinking/Ideations: \_\_\_\_\_ Any Suicide Attempt(s): \_\_\_\_\_

Homicidal Thinking/Ideations: \_\_\_\_\_ Drug/Substance Abuse, Addiction: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*"Where we provide Quality Services for our clients"*

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