

Mt. Pleasant Hospitality House
Referral Information Sheet for New Residents

Phone: 903-572-9893 Fax: 903-572-8873 P.O. Box 1138 Mt. Pleasant, TX 75456-1138

Referral Information

Provision of the requested information will greatly assist us in determining if the person being referred would be appropriately served with an admission to our facility. Please note that some items ask you to attach the requested information; other items just need to be filled in. Feel free to attach whatever additional information you believe should be useful in our decision-making process. Consideration of the referral will be delayed until the packet is complete & all requested information has been provided.

Date: _____

IDENTIFICATION

Name: _____

Address: _____

Date of Birth: _____ SSN: _____ Race: _____ Sex: _____

Height: _____ Weight: _____

Marital Status: _____ Spouse: _____

Primary Contact: _____ **Relationship:** _____

Address: _____

Phone: _____

Secondary Contact: _____ **Relationship:** _____

Address: _____

Phone: _____

FINANCIAL

Medicaid #: _____ Medicare #: _____

SSI Amount: _____ SSD Amount: _____

Private Pay: Yes No

Payee: _____

Private Insurance: _____ Policy #: _____ Grp #: _____

Address: _____ Phone: _____

Please provide a copy of the Social Security determination of benefits, current Medicaid or Medicare card.

MEDICATIONS

List Meds or Attach Med Sheet:

Hospitality House Referral Information

Resident

Allergies (effect; reaction; when dx'ed):

Rx History/Effect:

DIAGNOSIS

Axis I:

Axis II:

Axis III:

Include complete **SOCIAL HISTORY** & relevant updates

Include **PSYCHIATRIC HISTORY** & evaluations

Include **HISTORY AND PHYSICAL** (any historical significant findings)

Include at least **2 SETS OF LAB WORK**

Include HIV & Hepatitis panel if **sexually promiscuous or hx of IV drug use**

Include **2-4 WEEKS OF DAILY & PHYSICIAN PROGRESS NOTES**

Include labs from the past **30** days if there are **abnormal** labs, and **notation** addressing abnormal lab values

LEGAL

If in on commitment, when does this expire?

Hx of Arrests w/ Dates:

Adjudication (parole/probation):

Parole/Probation Officer: _____ Address: _____

Phone: _____ Fax: _____

Conditions of parole/probation:

Length of parole/probation:

OTHER REFERRAL INFORMATION

Reason for referral:

Person Making Referral: _____ Phone: _____

Hospitality House Referral Information

Resident

Address:

Interests/hobbies/likes/dislikes:

Religious Preference:

GUARDIANSHIP

Guardian:

Address:

Phone:

SPECIAL CONSIDERATIONS (include on separate pages)