OUTPATIENT MENTAL HEALTH SERVICES REFERRAL FORM
Life Repair Center of Front Royal

If available, please attach any additional clinical info to this referral such as most recent Assessment, Treatment Plan, Psychiatric Evals, hospital intakes/discharge summaries. You should receive a response within two business days of sending. Thank you.

DEMOGRAPHIC INFORMATION:

Client name:

Date of birth: **Age:**

Client phone number:

Gender Identification:

Address (if homeless include areas where individual spends time):

Primary language:

Other cultural considerations:

Does this person have insurance: YES NO

If yes, what kind?

PARENT/GUARDIAN INFORMATION (if client is a minor):

Parent/Guardian name:

Parent/Guardian phone number:

REFERRED BY:

Person completing form:

Phone and email:

Agency/Program (if applicable):

REASON FOR REFERRAL:

What led to this referral for mental health services:

Current mental health needs (include diagnosis(es) and symptoms if possible):

How are the mental health issues impacting individual's functioning:

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Brief history of mental health needs:

If individual is taking psychiatric medications, what medications and who is the prescriber:

OTHER RELEVANT INFORMATION:

Personal and environmental strengths:

Current living situation:

Other services person is receiving (provide agency name and type of service):

Mental health treatment history (type of treatment, location, provider, dates):

Substance use history including any substance use treatment:

Medical/physical health conditions and considerations:

Current safety concerns (within the last 90 days consider suicidality, violence towards others, grave disability, other safety concerns):

Past safety concerns:

Criminal justice involvement currently and historically:

Other relevant information:

SIGNATURE OF REFERRAL SOURCE: _____

DATE: _____

Send completed form with accompanying materials to LIFE REPAIR CENTER:

Fax: +1 540-218-8140 or via email to: info@liferepaircenter.org

For questions call 540-216-0050