



Screening Referral –Intake Form

1870 South Boulder Avenue
Tulsa, Oklahoma 74119.5423
www.mhat.org



Date _____
Referring Clinician _____
Referring Agency _____
Address _____
Phone _____

Client Name _____ DOB _____
Address _____ Phone _____

Current Living Arrangements: _____
Is Client Homeless: YES or NO Is Client Currently Chronically Homeless: Yes or No
(Chronically Homeless is defined as being homeless for a year or more or by 4 homeless events in the past 3 yrs.)
Specify: _____

Gender: M F SS# _____ Veteran: Yes or No Race _____
Marital Status: _____ Last Grade of School Completed: _____
Pregnant: Yes or No #of months: ____ Currently enrolled in School: Yes or No

Monthly Income: _____ Annual Income: _____ Income Source: _____
Is Client Receiving Benefits: _____ Applied for Benefits: _____
Payee: _____ Relationship _____ Phone#: _____
Insurance: Medicare ____ Medicaid _____ Private _____

Emergency Contact: _____ Phone: () _____
Address: _____ Relationship: _____
City, State, ZIP: _____

MEDICAL HISTORY

Agency Making Most Recent Diagnosis and Date of onset _____

DIAGNOSIS: AXIS I: _____
AXIS II: _____
AXIS III: _____
AXIS IV: _____
AXIS V: Current _____ Past _____

Arthritis__ Back Problems__ Contagious Disease__ Dental__
Dizziness__ Headaches__ Hepatitis__ HIV/AIDS__
Insomnia__ Leg/knee problems__ Problem with stairs__ Seizures
Incontinence__ Allergies _____
TB__ TB Test Results: _____ PPD Chest X-RAY _____
Date of TB Test: _____ Where Tested: _____
(Please include copy of TB test results along with referral.)

Screening Referral-Intake Form, (cont'd)

CLIENT ALERT INFORMATION

Suicidal__ Chemical withdrawal__ HX of Drug use__
Self Mutilation __ Diabetic__ HX of DV/Abuse__
Heart condition__ Other____ Respiratory Disorders__
Behavior in last 30 days: _____

History of Explosive or Volatile Behaviors? _____ Date of Last Occurrence: _____
Frequency of occurrences: _____ Typical Behaviors: _____
Explain: _____
What does the applicant do when angry? List specific behaviors:

Is Client court committed for treatment? Yes or No
If "Yes" Reason: _____
Name/Location of Court: _____ Term of Commitment: _____
Contact Person: _____ Phone #: _____

Hospitalizations: Psychiatric and alcohol and drug related treatment.
Dates Facility Reason for Admission

Mental Health Facility Linkage- Current or Most Recent: _____
Case Manager: _____
Therapist: _____
Doctor: _____ Day Treatment: _____

Current Medications:

Med Compliant: Yes or No

LEGAL

Incarcerations (within the past 5 years)? Yes or No _____ When & Why:

Legal Issues: (within past year)? Yes or No Explain: _____

Substance Abuse/Dependence
Drug(s) of choice & quantity: _____
Frequency of usage: _____ Method of Usage: _____
Last usage & quantity: _____

Screening Referral-Intake Form, (cont'd)

Precipitating factors/events prior to usage: _____

History of sobriety: Presently Sober: Yes or No Longest period of sobriety: _____

When: _____ Presently attend AA or NA? Yes or No

If "Yes" give location of meetings (times & dates): _____

Does client presently have a sponsor: Yes or No

GOALS

Client's Plans and Goals: _____

RESIDENT REFERRAL

Check the location/program(s) the individual is being referred to: *criteria for all housing programs: Must have interest in supportive housing and be motivated towards recovery.*

- **Safe Haven Yale** (*transitional housing; 24/7 support staff on site*) ___
- **Safe Haven Altamont** (*transitional housing; 24/7 supports staff on site*) ___
- **LTS housing program** (*permanent housing/resident will have their own apartment*) ___
(*Criteria for LTS housing program. Must be chronically homeless (homeless 4x in past 4 years or for period of 1 year) as well as stable income and ability to live w/0 24/7 supervision. Must have homelessness verification as eviction notices do not count*).
- **Walker Hall** (*transitional housing; 24/7 support staff on site*)___
- **Scattered site** (*do not meet criteria for Safe Haven, Walker Hall or LTS housing-refer to Gary Goldberg*).

MENTAL HEALTH CARE PROVIDER STAFF

DATE

REVIEWED BY

DATE

COMMENTS: _____

