

# Community Housing Rehabilitation Independent Skills Program (CHRIS) REFERRAL FORM

Return this form by faxing to (650) 368-2534  
or by mail to MHA, 2686 Spring St., Redwood City, CA 94063  
(2/05)

CLIENT NAME: \_\_\_\_\_ REFERRAL DATE \_\_\_/\_\_\_/\_\_\_  
Mental Health Number (MIS): \_\_\_\_\_  
Referring Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency/Program: \_\_\_\_\_

## Demographics

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City/Zip \_\_\_\_\_  
Current Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Last Year of School Completed: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Diagnosis:

Axis I: \_\_\_\_\_  
Axis II: \_\_\_\_\_  
Axis III: \_\_\_\_\_  
Axis IV: \_\_\_\_\_  
Axis V: \_\_\_\_\_

## Medication:

|  |                |
|--|----------------|
| Current Psych. Medications and Dosage: | Prescribed by: |
| 1. _____                               | _____          |
| 2. _____                               | _____          |
| 3. _____                               | _____          |

|                           |                |
|---------------------------|----------------|
| Other Medications, Dosage | Prescribed by: |
| 1. _____                  | _____          |
| 2. _____                  | _____          |
| 3. _____                  | _____          |

## Rehab. Team (Names and Phone Numbers)

|                         |       |
|-------------------------|-------|
| ___ Conservator/T-Con   | _____ |
| ___ Case Manager        | _____ |
| ___ Psychiatrist        | _____ |
| ___ Therapist & Region  | _____ |
| ___ Parole Prob. Off.   | _____ |
| ___ Voc. Counselor      | _____ |
| ___ Primary Care Doctor | _____ |

Please place a check next to the name of the CARE COORDINATOR.

## Brief Psychiatric History

Number of psychiatric hospitalizations: \_\_\_\_\_

Circumstances of most recent hospitalizations: \_\_\_\_\_

Suicide Attempts: Yes: \_\_\_ No: \_\_\_

If yes, please describe: \_\_\_\_\_

Date of most recent incident \_\_\_/\_\_\_/\_\_\_

Any incidents of violence towards self/others/property? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Date of most recent incident \_\_\_/\_\_\_/\_\_\_

Any history of drug or alcohol abuse: Yes \_\_\_ No \_\_\_

If yes, types: \_\_\_\_\_

Has there been any treatment and where: \_\_\_\_\_

Any history of eating disorder : Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Has there been any treatment and where: \_\_\_\_\_

## Employment Status

\_\_\_ Paid Employment – 35+ hrs./week

\_\_\_ Volunteer work – less than 35 hrs./week

\_\_\_ Paid Employment – less than 35 hrs./week

\_\_\_ Not in labor force

\_\_\_ Volunteer work – more than 35 hrs./week

\_\_\_ Unemployed

## Client's Life Skills

(Please check box that best matches client's behavior)

Personal Hygiene \_\_\_ Wears dirty clothes, rarely bathes.

\_\_\_ Usually needs prompting to change clothing & bathe.

\_\_\_ Sometimes needs prompting to change clothing.

\_\_\_ Able to take care of personal hygiene without prompts.

Handling Money \_\_\_ Gives away money indiscriminately

\_\_\_ Spends money as soon as it is received.

\_\_\_ Occasionally tries to budget money.

\_\_\_ Careful about spending money & tries to save.

Literacy \_\_\_ Functionally literate

\_\_\_ Reads & writes very little.

\_\_\_ Can understand & complete forms.

\_\_\_ Reads for pleasure.

Appointments \_\_\_ Always needs reminders to get to appointments.

\_\_\_ Sometimes needs assistance & reminding to get to appointments.

\_\_\_ At times, needs to be reminded

\_\_\_ Is able to get to appointments without being reminded.

Use of Public Transportation \_\_\_ Refuses or is unable to take the bus.

\_\_\_ Uses only when accompanied.

\_\_\_ Sometimes takes the bus alone.

\_\_\_ Often uses the bus.

Involvement in Social Activities \_\_\_ Makes no attempt to socialize; resists involvement.

\_\_\_ Will participate in light, low stress, social activities.

\_\_\_ Usually participates in activities.

\_\_\_ Actively participates in activities.

Cooking \_\_\_ Not able to cook for self.

\_\_\_ Needs constant close supervision.

\_\_\_ Needs some assistance.

\_\_\_ Able to cook for self.

Housekeeping \_\_\_ Does not see dirt.

\_\_\_ Needs close supervision.

\_\_\_ Needs some assistance/direction.

\_\_\_ Cleans room, does laundry, shares in chores.

Signature of individual making referral \_\_\_\_\_