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
___Paid Employment – less than 35 hrs./week
___Volunteer work – more than 35 hrs./week
___Volunteer work – less than 35 hrs./week
___ Not in labor force
___ 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_____