



Chums Referral Form

FORM MUST BE PRINTED OR TYPEWRITTEN

Date: _____

Referring Agency: _____
Referring Party Name: _____ Phone: _____ Ext. _____

Name: _____ Birth Date: ____/____/____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____

Gender: Male Female Unknown

Race: Black/African American White Alaskan Native

American Indian Asian Other Single Race

Two or More Race Unknown Native Hawaiian/Other Pacific Islander

Ethnicity: Cuban Mexican Puerto Rican

Unknown Other Specific Hispanic Not of Hispanic Origin

Military Status: None Discharge Active Duty

Disabled Veteran Afghanistan Veteran Iraqi Veteran

What is the client's mental health diagnosis?

	<u>Name</u>	<u>DSM Code</u>	<input type="checkbox"/> IV	<input type="checkbox"/> V
Primary	_____	_____		
Secondary	_____	_____		
Tertiary	_____	_____		

Name: _____

Mail, email or Fax to:

Life Essentials
 40 S. Perry Street, Suite 130 | Dayton, Ohio 45402
 Phone: (937) 586-0545 Fax: (937) 586-0565
 www.LifeEssentials.org
homeoffice@LifeEssentials.org

Diagnosis Type: DSM-IV-TR DSM-V ICD9 ICD10

Special Population: Severely Mentally Disabled Alcohol/Other Drug Abuse Forensic Legal Status
 Deaf/Hearing Impaired Blind/Sight Impaired Physically Disabled
 Speech Impaired Physical Abuse Victim
 Mental Retardation/Developmentally Disabled

Frequency of attendance at self-help programs in the 30 days prior to admission:

- No attendance in the past month 1-3 times in the past month 4-7 times in the past month
 8-15 time in the past month 16-30 times in the past month
 Some attendance in the past month, but frequency unknown Unknown

Psychosocial Rehabilitation:

- Client could benefit from:
- Taking more responsibility for how he/she lives their life.
 - Obtain the information/skills needed to take charge of managing their illness
 - Learn how to deal more effectively with daily programs.
 - To be able to control his/her life.
 - To be able to handle things when they go wrong.
 - To be better in social situations
 - Bothered less by symptoms related to his/her mental illness.
 - To be able to do things that is more meaningful in his/her life.
 - To be better at taking of his/her needs.
 - Maintain/enhance his/her ability to live in current level of care setting.

Please attach a copy of the participant's current ISP

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