AMETHYST REFERRAL FORM

2706 Saint. Jude Street, Greensboro, NC 27405 • Office: 336.674.9781 • Fax: 336.282.3430
Email: referral@amethystcares.com / Website: www.amethystcares.com

REFERRAL SOURCE INFORMATION

Referral Source: _____ _____ _____
Name *Title/ Relation to Client* *Phone #*

Service Requested: ☐**Multi Systemic Therapy** ☐**Outpatient Therapy** ☐**Other:**_____

CLIENT INFORMATION (*DOB and SSN OR MID# is required for processing of this referral)*

Referral Date: _____ ☐ Routine Care ☐ Urgent Care ☐ Emergency Care
Contact Date: _____ Medical Records Number: _____

Client Name: _____ **DOB:** _____
Age:_____ **Gender:**_____ **Race:** _____ Social Security: _____
Address: _____ School:_____
_____ Grade:_____
Email: _____ Marital Status: _____

Phone: _____ Alternate Number:_____
Primary Insurance: _____ Policy Number: _____
PCP: _____ Hospital Preference: _____
Allergies: _____
Medications: _____
Past Services: _____

Pending Out of Home Placement: ☐YES ☐NO

KEY PARTICIPANT INFORMATION *(if applicable)*

☐**Parent** ☐**Legal Guardian** ☐**Caregiver**

Name: _____

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

Phone #: _____

☐**Court Counselor**:_____
Phone #: _____

☐**DSS Worker**:_____
Phone#:_____

☐**Other**:_____
Phone#:_____

OPT REFERRAL *(if applicable)*

[ ] Suicidal / Homicidal [ ] Drug Use [ ] Alcohol Use [ ] Behavioral Problems
[ ] Legal Involvement [ ] Abuse or Neglect [ ] Past Treatment [ ] Other Symptoms

Other:_____
_____

MST REFERRAL *(if applicable)*

Behavioral Characteristics	School Characteristics
[ ] Violent behavior causing injury	[ ] Expelled or dropped out of formal education
[ ] Non-violent aggressive behavior	[ ] Attending alternative school setting – not mainstream
[ ] Crimes against person (e.g. robbery, theft)	[ ] Multiple suspensions for problem behavior
[ ] Crimes against property	[ ] High association with antisocial school peers
[ ] Drug-related criminal offending	[ ] Low affiliation with pro-social school peers
[ ] Drug abuse or dependence	[ ] Poor relationships with school staff
[ ] Evidence of drug use	[ ] Attendance problems – risk of expulsion
[ ] Status offending (e.g. curfew)	[ ] Academic problems – risk of failure
[ ] Non-compliance with probation or court order	[ ] Other:
[ ] Non-compliance with family rules & expectations	**Peer Characteristics**
[ ] Physically aggressive sexual behavior: severe (force, penetration, etc.)	[ ] Gang membership or strong affiliation
[ ] Physically aggressive sexual behavior: moderate to Mild (coercion, fondling, etc.)	[ ] High affiliation with mostly antisocial peers
[ ] Inappropriate sexual behavior without physical aggression	[ ] Mixed antisocial and pro-social peers
[ ] Other:	[ ] Low affiliation with pro-social peers

Specific request being made for: (to be completed by Amethyst staff)

☐ **Court Support**	☐ **Self Esteem**	☐ **PTSD**	☐ **Comprehensive Clinical Assessment**
☐ **Individual Therapy**	☐ **Social Skills**	☐ **ADHD**	☐ **Child Behavioral Problems**
☐ **Parenting Skills**	☐ **Depression**	☐ **Anxiety & Fears**	☐ **Family / Couples Therapy**
☐ **Anger Management**	☐ **Grief & Loss**	☐ **Personal Growth**	☐ **Stress Management**

DOB and SSN OR Insurance/Medicaid Number is required for processing of this referral.

Please include (if available): RECENT EDUCATIONAL EVALUATION ● RECENT MENTAL HEALTH EVALUATION ● SUMMARY OF PRIOR OFFENDING