

MENTAL HEALTH CASE MANAGEMENT PROGRAM

Somerset County Health Department

7920 Crisfield Highway

Westover, MD 21871

Phone: 443-523-1810

FAX: 410-651-2572

TCM - Referral / Fact Sheet

Instructions: To move from item-to-item, use the TAB key. Review and rearrange page breaks before printing for ease in reading. NOTE: The sections will expand as you type in the information.

Client Name:

Parent/Guardian:

DOB

SS#:

Referral Date:

Race:

Marital Status:

Address:

Telephone Number:

Best Time to Contact:

Insurance Type:

Insurance #:

Name of Individual Referring Client:

Referring Agency:

Agency Address & Phone Number:

Presenting Problem:

Suicidal Ideation/Behavior: Yes No

Aggressive Ideation/Behavior: Yes No

Describe in Detail:

Current Psychiatrist/Therapist:

Phone:

DSM IV Diagnosis: Axis I:

Axis IV:

*Include DX Code # Axis II:

Axis V:

Axis III:

Current Signs & Symptoms of Diagnosis:

Medications: (Name – Dosage)

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Previous Psychiatric Treatment (Date; # years; & # inpatient admissions):

Dates:

Current Substance Use/Abuse (Facility & Where being treated):

Previous Substance Abuse Treatment:

Dates:

Social History:

Living Situation (with whom):

Employment/Financial Support:

Education:

Military:

Legal History:

Reason for involvement with criminal justice system.

Incarcerations:

Dates:

On Probation: Yes No

Reason on Probation:

Current Legal Charges:

Charge

Date

Outcome

Bond: Yes No

Parole: Yes No

Probation: Yes No

Attorney:

Phone:

Parole/Probation Officer:

Phone:

Client's Signature (Accepting Services)

Date

Accepted Reason:

Declined Assigned To: