Hillcrest Family Services
Community Services Referral Form
220 West 7th Street
Dubuque, IA 52001
563-588-0605

Referral Date: _____ Date of Birth: _____

Full name: _____ SSN: _____

Address: _____ Phone: _____

_____ Legal Status: _____

Insurance Type and Number: State Case: Y_____ N_____

_____ DHS Case Manager/SW Name:

_____ _____

Company of Legal Settlement _____

Diagnosis (Identify Diagnosis and Code #):

Axis I (Primary):_____

Axis II (Secondary): _____

Axis III: _____

Axis IV: _____

Axis V: Current GAF _____ Highest GAF Past Year _____

Area of Service Being Referred To:

____ Supported Community Living

____ Vocational Program

____Intensive Psychiatric Rehabilitation (IPR)

____ Homeless Outreach Program (Please call Homeless Outreach Counselor for immediate assistance)

____Wellness Center/WRAP

____ Peer Support Services

Reason for Referral/Presenting Problem:

_____

Allergies: _____

Current Medication Orders _____

_____

Physical Limitations/Medical Conditions _____

_____

Substance Abuse Issues: _____

_____

Hospitalizations in Past Year: _____

_____

Any Current Suicidal/Homicidal Ideation: _____

_____

Any Other Services Person is Receiving Currently: _____

_____

Other Pertinent Info: _____

_____

Clinician Name: _____ Phone/Extension: _____

Psychiatrist Name: _____ Phone/Extension: _____

Referral Source: _____ Phone/Extension: _____

_____ _____

Signature Date

Please direct all referrals to the Community Services Program Coordinator or Assistant Coordinator:

Hillcrest Family Services
220 West 7th Street
Dubuque, IA 52001
Phone: 563-588-0604
Fax: 563-557-4447