

**Hillcrest Family Services
Homeless Outreach Program Referral Form
220 W. 7th Street
Dubuque, Iowa 52001
563-588-0605, ext 203**

REFERRAL DATE: _____

DATE OF BIRTH: _____

FULL NAME: _____

SS#: _____

ADDRESS: _____

PHONE # _____

LEGAL STATUS: _____

INS. TYPE & NUMBER: _____

STATE CASE: Y _____ N _____

DHS CASE MGR/SW NAME(if applicable):

CO. 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** _____

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/EXT: _____

PSYCHIATRIST NAME: _____

PHONE/EXT: _____

REFFERAL SOURCE: _____

PHONE/EXT: _____

Signature

Date