Riverside Community Care

Leading the Way in Behavioral Healthcare & Human Services

LIFESKILLS REFERRAL

Please fill out and return to: Stephanie Seretta, LCSW

DMH
85 East Newton Street
Boston, MA 02118
T: 781-804-9394
stephanie.seretta2@mass.gov

1. Client Name: 2. Date of Referral:

3. Date of Birth: 4. Identified Gender:

5. Current Address:

6. Telephone Number:

7. Parent/Guardian Address:

Parent 1: Parent :

Tel.# (H) Tel.# (H)

8. Guardianship / Custody Status:

Name:

Address:

9. Emergency Information:

10. Presenting Problem: (Be specific re: behaviors)

11. Goals (Life Skills)

Other

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12. Entitlements: (Please check appropriate Entitlement)

GRF (General Relief)	( )	AFDC	( )
SSI (Social Security Income)	( )	Other(Please Define)	( )

13. Education:

Grade:	School:
Town:	Date of CORE Evaluation:
Date of IEP:	

14. Psychiatric Hospitalizations:1 Total Number:1

Hospital (Most Recent)	Date	Reason for Hospitalization

15. Out–Of–Home Placements:

Placement	Date

16. DSM Diagnosis:

Date:	Where From:
Code	Diagnosis:

17. Symptomatology:

History of any of the following:
(c = Currently, H = History, B = Both)

Suicidality ()	Assaultive ( )
Fire Setting ( )	Escape Risk ( )
Sexualized Behaviors ( )	Sexual Abuse ( )
Self-Harm ( )	Psychotic Symptoms ( )

Other (Please Explain) _____

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18. DHM application submitted ( ) yes ( ) no

19. Drug / Alcohol Abuse (Be specific around type, frequency, and duration):

20. Prescribed Medications / Known Allergies or Medical Problems:

a. Medications b. Allergies / Medical Problems

21. Multigenerational Family History:

22. Criminal Justice History:

23. Contacts: (Include Telephone Number):

A. DMH (Dept. of Mental Health)
B. DYS (Dept. of Youth Services)
C. DCF (Dept. of Children and Families)
D. SPED Liaison (School)
E. Therapist
F. Psychiatrist
G. Other (Please Explain)

24. Insurance: Policy #:

25. Referral Source:

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Name: _____Relationship: _____
Telephone Number: _____

Additional information (to speed referral)

☐ DMH Application if not already approved or submitted

☐ Any Clinical Documentation to support Diagnosis (testing, discharge summaries…)