

SHORT-TERM CRISIS STABILIZATION INTAKE AND ASSESSMENT REFERRAL FORM (NORTH STAR AND HEALY HOUSE)

For use by Northern Rivers Family of Services and member agencies

Please complete this intake assessment form for the youth being referred, which is the basis on which the youth's admission is determined. **Should you have any questions or need assistance completing a referral, please contact our crisis line at 518.292.5499. To submit a completed referral, please fax it to 518.252.6445 or email to IntakeCrisis.Residences@northernrivers.org.**

A Identifying Information

Youth's name

Date of birth

Parent's or guardian's name

Address

Phone number

Race

Ethnicity

Sexual orientation

Gender identity

Medicaid or insurance ID number (include sequence number)

Youth's social security number (required)

B Description of Crisis Situation/Rationale for Admission

Provide specific detail about behaviors youth is exhibiting and insight into contributing factors. Also include statement on purpose of an admission.

C **Mental Health/Psychiatric Crisis History**

Psychiatric DSM-V Diagnosis? Yes No If yes: _____

History of inpatient hospitalizations (last 6 months) – Yes No If yes, reasons: _____

History of other high-risk behaviors (elopement, fire setting, etc.)? Yes No If yes, explain:

Suicidal ideation? Yes No If yes, intent? Yes No Explain:

If intent, is there a plan?

Aggressive behaviors? Yes No If yes, needing physical restraint? Yes No

Is the youth currently experiencing psychotic symptoms? Yes No

Can youth independently complete hygiene routines? Yes No

Is the youth on medication? Yes No If yes, give prescriber name and contact information:

D **Additional Information**

At discharge, does the youth have a safe place to be discharged to (e.g., home, family member, foster family, etc.)? Yes No

Goals you'd like the family/youth to work on (optional):

Referent signature

Date

Referent name (print)

Phone number

Referent email address