

# 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 to describe your recent mental health evaluation of the youth being referred, which is the basis on which the youth's admission is determined. The face-to-face contact with the youth must have occurred within 48 hours of referral/admission. **Please call 518.292.5499 to initiate the referral through our crisis line and then you'll be asked to fax this form in completion to 518.252.6445.**

## **A** Identifying Information

\_\_\_\_\_  
Youth's name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Parent's or guardian's name

\_\_\_\_\_  
Date of evaluation

\_\_\_\_\_  
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. Include statement on purpose of an admission.

## **C** Brief Psychosocial Description

Developmental; family; prior mental health treatment; neglect, physical or sexual abuse; substance abuse; physical health; schooling; religion; leisure time:

## **D** Current Mental Status Exam

Describe appearance, attitude, and behavior:

Describe thought processes and content:

Describe perceptual disorder:

Describe mood and affect:

Describe any suicidal or homicidal ideation and behavior:

Describe cognitive functioning (orientation, memory, insight, and judgement):

**E** **Psychiatric DSM-V Diagnosis**

All mental and medical diagnoses (list all codes):

**F** **Past and Present Risks**

Suicidal or homicidal ideation or self-injurious behaviors:

Aggressive behavior or need for physical restraints/PRN medication (if yes, frequency and last need):

History of inpatient hospitalization and reason for admission (within last 6 months):

History of other high-risk behaviors (fire-setting behaviors, sexualized behaviors, running away, substance abuse):

**G Current Medication**

Attach signed medication order that includes the following, which is required for admission:

MEDICATION	DOSAGE/TIMES	PRESCRIBING PHYSICIAN	PHYSICIAN'S PHONE NUMBER

**H Additional Information**

Can youth independently complete hygiene routines? (If no, please explain assistance needed.) Is youth able to understand and follow policy and procedures?

**I Description of Youth's Needs and Strengths/Goals for the Youth and Family**

Assessment of youth's strengths and needs; goals for youth and family to be addressed::

**J Discharge Plan**

What skills need to be obtained in order to discharge, service needs, and where youth will reside after discharge:

\_\_\_\_\_  
Licensed Behavioral Health Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LBPH name printed

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
LBPH email address