18697 Forest Road
Lynchburg, VA 24502
P: (434) 239-0009
F: (434) 239-0181

150 W. Main Street
Danville, VA 24541
P: (434) 791-2144
F: (434) 792-0259

Mental Health Skills Building Referral

Client Name:		Date of Referral:		Gender:	

Age:		DOB:		SSN:		Race:		Medicaid #:	

Current Residence:	

Home Phone:		School (if applicable):		Grade (if applicable):	

Parent/Guardian (if applicable):		Relationship to client:	
Phone Number:		Alternative Phone:	
Parent/Guardian Address (if different from above):			

Referring Agency/Individual (include full address):		Worker/Title:	
		Phone:	
		Email:	

	Yes	No	Don't know	Comment:
Is client at risk of hospitalization, homelessness, or isolation from social supports?				
Has client been in any mental health treatment in the last 6 months?				
Has client been involved in the legal system or social services in the last 6 months?				
Does the client exhibit cognitive deficits where they do not recognize personal danger or inappropriate behaviors?				
Does the client require assistance with basic living skills (ie. hygiene, nutrition, finances) where their health or safety is jeopardized?				
Does the client have a diagnosis of a substance abuse and/or mental illness and/mental retardation?				

Signature of referring worker:		Date:	