

Date of Referral: _____

LINC Referral Form

DEMOGRAPHIC INFORMATION		
Name: _____	Case Number (if applicable): _____	SSN: _____
Address: _____		
(A) Ok to mail to this address: Yes <input type="checkbox"/> No <input type="checkbox"/> (B) Moved in past three (3) months: Yes <input type="checkbox"/> No <input type="checkbox"/> (C) Type of Residence: _____		
Client Phone: _____	Client Email: _____	
(A) Ok to call? Yes <input type="checkbox"/> No <input type="checkbox"/> (B) Ok to email? : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth: _____	Age: _____	Marital Status (if applicable): _____
Are you currently in school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what current School and Grade? _____	
	If no, what is your highest education? _____	
Gender at Birth: M <input type="checkbox"/> F <input type="checkbox"/>	Preferred Pronouns: _____	
Race/Ethnicity: _____	Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Preferred Language: _____
Referral Source: _____		Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Insured: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Insurance Company: _____	Insurance ID #: _____
Military Status: _____	Family in Military: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Current Legal Status (Voluntary, Court Ordered, etc.): _____
Parent/Legal Guardian Name (if applicable): _____		
Parent/Legal Guardian Phone: _____	Parent/Legal Guardian Email: _____	
Primary Emergency Contact Name (if applicable): _____		
Primary Emergency Contact Phone: _____	Primary Emergency Contact Email: _____	

PRESENTING CONCERNS AND DIAGNOSIS

Presenting Concerns (Symptoms of psychosis and duration of symptoms):

Medical Conditions (if applicable):

Diagnoses (if applicable):

ID/Autism: Yes No N/A

Current Medications (if applicable):

Active Substance Abuse: Yes No N/A

Trauma History: Yes No N/A

Additional Comments: