



CrossRoads REFERRAL FORM

5220 W. Ohio Ave., Lakewood CO 80226
The Remington Building, 11011 W. 6th Ave., Lakewood, CO 80215
303-982-6755

TODAY'S DATE:

Client Information

Last name:	First name:	DOB:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>
Ethnicity:		Primary language spoken at home:		
School:	Grade:	Special Ed: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medicaid: No <input type="checkbox"/> Yes <input type="checkbox"/>	Medicaid number:			

Parent/Caregiver Information

Last name:	First name:	Relationship to client:		
Last name:	First name:	Relationship to client:		
Legal guardian of client:				
Street address:		City:	State: CO	Zip:
Best phone #	Alternate number:	OK to leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Suggested Services: (Check all that apply)

<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Medical Eval
<input type="checkbox"/> Co-occurring (MH & SA issues)	<input type="checkbox"/> Independent Living Skills Classes (through The ROAD)	
<input type="checkbox"/> GED classes (through The ROAD)	<input type="checkbox"/> BrainWise	

Referral Source (Agency):

Name:		Phone number:
Email:		

Presenting Problem (600 character limit):

Strengths (300 character limit):

Legal History: Court ordered for treatment: Yes No

Probation Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone number:
Diversion Officer <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone number:
DHS Caseworker <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Phone number:

Reason for DHS involvement:

Please list all current and previous legal charges and court dates, if known, including outcomes (300 character limit):

Treatment History Past, Present and Outcome (300 character limit): (Mental Health, Substance Abuse and Offense Specific)