Assigned to: _____

*For office use only

OHIO SERVICE REFERRAL

Services:

- ☐ SUD Assessment
- ☐ SUD Treatment
- ☐ PDE/Mental Health Assessment
- ☐ Social Advocate/PSR
- ☐ Treatment Advocate/Therapeutic Behavioral Services
- ☐ Individual Therapy
- ☐ Family Therapy
- ☐ Multi Family Therapy
- ☐ Parenting
- ☐ Group
- ☐ Psychiatry
- ☐ Nursing Services
- ☐ Family Finding
- ☐ Permanency Support

Programs:

- ☐ IHBT
- ☐ PASS
- ☐ Healthy Ways
- ☐ CANEI
- ☐ School Based
- ☐ SUD Treatment
- ☐ In Home Services
- ☐ Kinship

Locations:

- ☐ High St
- ☐ Care Management
- ☐ Lima
- ☐ Akron
- ☐ Cleveland
- ☐ Dayton
- ☐ ACTION
- ☐ Livingston
- ☐ Group Living/ESC
- ☐ Zanesville
- ☐ Toledo
- ☐ Cincinnati
- ☐ Stark Co
- ☐ Newark – 3rd Street
- ☐ Newark – Cherry Valley

Client _____ Date of Birth _____

Race _____ Gender _____

Social Security Number _____ Medicaid/Insurance # _____

Caseworker _____ Phone _____

Caregiver _____ Relationship _____

Address _____ Phone _____

Presenting Problem/Treatment Focus

_____

_____

Problem Behaviors:

- ☐ Irritability
- ☐ Loses Temper Easily
- ☐ Verbally Aggressive
- ☐ Physically Aggressive
- ☐ Destruction of Property
- ☐ Cruelty to Animals
- ☐ Lying
- ☐ Stealing
- ☐ AWOL
- ☐ Probation/Parole
- ☐ Poor Social Skills
- ☐ Self-Harm Behavior
- ☐ Low Self-Esteem
- ☐ Family Functioning
- ☐ Thought Disturbances
- ☐ Paranoia
- ☐ Tics
- ☐ Other
- ☐ Personal hygiene
- ☐ Enuresis
- ☐ Encopresis
- ☐ Anxiety
- ☐ Grief
- ☐ Separation/Loss
- ☐ Fire Setting
- ☐ Discipline
- ☐ School attendance
- ☐ School Problems
- ☐ Failure to Supervise
- ☐ Poor Household Management
- ☐ Addiction (gambling, etc.)
- ☐ Mood Swings
- ☐ Employment Problems
- ☐ Phobias
- ☐ Obsessive/Compulsive Difficulties
- ☐ Depressed Mood
- ☐ Substance Abuse
- ☐ Suicide Ideation/Gestures
- ☐ Sexual Perpetrator
- ☐ Sexually Reactive
- ☐ Sexually Promiscuous
- ☐ Victim of Sexual Abuse
- ☐ Victim of Physical Abuse
- ☐ Easily Distracted
- ☐ Hyperactive
- ☐ Impulsivity
- ☐ Domestic Violence
- ☐ Inflated Self-Esteem
- ☐ Hallucinations
- ☐ Relationship Difficulties
- ☐ Nightmares

Diagnosis: _____

Medications: _____

Client Strengths or Interests

Referred by: _____ Relationship to Client _____ Date _____

Agency Referring: _____ Phone Number: _____