



**VINCENT HOUSE**  
 4801 78<sup>TH</sup> Avenue N.  
 Pinellas Park, FL 33782  
 Tel: (727) 541-0321  
 Fax: (727) 541-0355

**Membership Requirements:**  
 1. Referral Form signed by psychiatrist  
 2. Psychiatric Evaluation (most recent)

**REFERRAL FORM**

**PROSPECTIVE MEMBER INFORMATION**

\_\_\_\_\_ (name) \_\_\_\_\_ (date of birth)  
 \_\_\_\_\_ (address) \_\_\_\_\_ (social security number)  
 \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (phone number)

<u>DIAGNOSIS</u>	<u>MEDICATIONS</u>
Axis I _____	1. _____
Axis II _____	2. _____
Axis III _____	3. _____
Axis IV _____	4. _____
Axis V _____	5. _____

Medicaid Recipient? yes no IF YES: HMO \_\_\_\_\_ Value Options Fee for service  
(name)

Reason for Referral/Goals: \_\_\_\_\_

**RISK ASSESSMENT:**

BEHAVIOR	HISTORY	CURRENT ACTIVITY LEVEL			
violence	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
suicide attempt(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
alcohol/drug abuse	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high
sexual exploitation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> none	<input type="checkbox"/> minimal	<input type="checkbox"/> moderate	<input type="checkbox"/> high

Describe any legal involvement: \_\_\_\_\_

Comments on any of above: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**PSYCHIATRIST INFORMATION - PLEASE FILL OUT COMPLETELY**

\_\_\_\_\_ (name) \_\_\_\_\_ (phone)  
 \_\_\_\_\_ (address) \_\_\_\_\_ (date)  
 \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

**psychiatrist signature**

*(use additional paper, if necessary, for any aspect of this referral form)*