

Referral for Intake – Mental Health – HARBEL (6/11/2020)

Today's Date: _____ Harbel Staff taking call: _____
Caller: Self Referral Source other _____ Are you a Re-Admit: No Yes

Client's Name: _____ Male Female Adult Adolescent
Parent /Guardian Name(s) if adolescent: _____ Relationship _____

D.O.B. _____ SS#: _____

Homeless Yes No *If homeless, have clinical director review before scheduling intake.*

Address: _____ Baltimore, MD Zip Code _____

Phone (H) _____ (W) _____ (Cell) _____

What is best time of day to contact you (Morning, afternoon, or evening?) _____

Name of Emergency Contact _____ Number of Emergency Contact _____

Is client employed? Yes No Where _____

Is client a student? Yes No Grade _____ Where _____

Are you insured? Yes No If uninsured: Monthly Income: _____ Family Size: _____

******* For Mental Health Services, we currently only accept Medicaid and Self-Pay. We apologize for any inconvenience.**

If insured: Medicaid MCO _____ MA # _____

Other Insurer _____ Policy # _____

Group # _____ Provider Phone Number _____

******Uninsured clients should be advised to visit Healthcare Access Maryland located at 1 N. Charles St., Baltimore, MD 21201 or call 1-855-288-3667 to apply for Medicaid.**

1. Have you ever previously engaged in counseling services Yes No

a. If yes, by whom? _____

b. Are you currently on psychiatric medication Yes No

c. If on medication, who is prescribing the medication? _____

***If person reports schizophrenia or other severe mental illness for which they are not taking medication or receiving treatment, case should be screened by clinical director or other supervisor.**

d. Is this person currently experiencing suicidal thoughts? Yes No

If yes; clinical director, clinical supervisor, or clinical senior staff should be given the call immediately. If clinical staff are not immediately available person can be given number for Baltimore City Crisis Response 410-433-5175 or Baltimore County Crisis Response 410-931-2214.

e. Has person ever experienced suicidal thoughts? Yes No

f. If person has experienced suicidal thoughts previously- when and how often? _____

Recent thoughts or frequent thoughts should be brought to the immediate attention of the clinical supervisor or senior clinical staff at the time of the call. As above, crisis response numbers can also be given.

Have you ever been accused/ charged with a sexual assault charge? Yes No

(Explain if this is yes, we cannot accept due to treating children/adolescent clients in the same facility)

Briefly Explain Reason person needs treatment: _____

Referral Contact: _____ Telephone #: _____

Referring Agency information: _____ Fax #: _____

Address: _____

_____, MD Zip Code _____ Email address of referral source: _____

Date of Intake Appointment: _____ Time of Intake Appointment: _____

Is this a rescheduled appointment? _____ Number of times appointment has been rescheduled _____

If this is a rescheduled appointment, please inform client that continued rescheduling may result in delays in entering tx and/or that the program may not be able to accommodate repeated rescheduling. If client has rescheduled twice- client should be told that program will not accept third reschedule - exceptions to third reschedule can be made by a program supervisor only.