LINCOLN PRAIRIE
BEHAVIORAL HEALTH CENTER

REFERRAL TO LPBHC SERVICES

Attention: **Assessment & Referral**
5230 S. Sixth Street Road, Springfield, IL 62703
Fax: 217/585-4745

Date of Referral: _____ Referred By: _____

Patient	Patient Name:	DOB:		Age:	Gender: ☐ Male ☐ Female
	Address *(Street/City)*:	State:	Phone:		Preferred Language: ☐ English ☐ _____

Parent	Parent/Legal Guardian Name:	Relation to Patient:		Preferred Language: ☐ English ☐ _____
	Address *(Street/City)*: (☐ *same as above)*	State:	Phone 1:	Phone 2:

RISK FACTORS

☐ Suicidal Ideations
☐ Homicidal Ideations
☐ Physical Aggression
☐ Delinquency
☐ Runaway Risk
☐ Psychosis
☐ Substance Usage
☐ Family/Environmental Issues
☐ Educational Issues

If the client is at IMMEDIATE RISK OF DANGER, he/she should immediately be brought to LPBHC or the nearest emergency room with the assistance of EMS services, as necessary.

LEGAL STATUS

☐ INTAKE
☐ CUS (COURT SUPERVISION)
☐ PROBATION

PAYOR

☐ Medicaid
☐ Insurance: _____

BRIEFLY DESCRIBE CURRENT ISSUES OF CONCERN: _____

_____

_____

Tx	Current Treatment Provider(s) (*Name*):	Agency/Location:	Phone:
Tx	Current Treatment Provider(s) (*Name*):	Agency/Location:	Phone:

For Office Use Only

Date Referral Received: _____

CONTACT ATTEMPTS: DATE: _____ TIME: _____ STAFF initials _____ ☐ Successful ☐ No Answer ☐ Not Available

DATE: _____ TIME: _____ STAFF initials _____ ☐ Successful ☐ No Answer ☐ Not Available

DATE: _____ TIME: _____ STAFF initials _____ ☐ Successful ☐ No Answer ☐ Not Available

ASSESSMENT Scheduled: ____/____/____ Time: _____

☐ *Appointment offered within 24 hours of initial screen but declined*

Appointment: ☐ Kept ☐ No Show ☐ Cancelled ☐ Rescheduled

DISPOSITION:

☐ Admitted LPBHC
☐ Referred LPBHC { OP / IOP / PHP }
☐ Referred to Community: _____

_____
LPBHC Staff Signature

CONSULTED: Dr. _____ at _____
AXIS I:
AXIS II:
AXIS III:
AXIS IV:
AXIS V: CGAS =

ATTENDING: Dr. _____