



Intake Form - for use by Alma Family Services

Date of Referral: / /

Client Funding Source: Medi-Cal Other: Explain:

SG/PRC PROJECT HOPE referral form, consent form and referral packet have been made available to PROJECT HOPE intake coordinator: Yes: No:

Service Coordinator (SC) who made the referral:

SC Phone #: - - SC Fax #: - -

S.C. Supervisor: Supervisor Phone #: - -

Client Information

Client Name: D.O.B: / / Age:

Sex: Male Female: S.S. #: / /

Client Address:

Phone #: - - Alternate Phone #: - -

Primary Language: Communication: Verbal: Non-Verbal:

Is the client conserved: Yes: No:

Does client attend day program or other type of program: Yes: No:

Name of Day Program:

Contact Person: Phone #: - -

Is client interested in participating in any of the following services, if recommended?

- Case Management
- Individual Psychotherapy
- Medication Management
- Group Social Skills Training
- Group Anger Management Training
- Group Sexuality Training

If client registers for group training, client will require transportation arrangements to be able to attend every session on time. What are the transportation options for individual?

- Public transportation
- Facility staff will transport. Who Phone #: -
- Family member will transport. Who: Phone #: -
- Friend will transport. Who: Phone #: -

Comments:

Does client have a preference with regards to location where individual therapy can be provided?

- Home
- Walnut Office
- Other

Medical /Mental Health Information

Current Medications:

- Verified by: Family Report Consumer Physician Report
 Psychiatrist Report Facility Records (other than physician report)

Medication Name	Strength	Frequency	Purpose (must match with a DX above)	Prescriber	Effect	
					Response	How Long

(Add other page if client has additional medications)

Has the client been successful in taking psychotropic medication on a regular basis?

- Yes: No:

Medical / Mental Health Providers:

Provider: (full name)	Specialty	Phone#/Address

Regional Center Diagnosis:

Verified by: Regional Center Report Other:

Diagnosis	Impact on functioning level/ symptoms

Mental Health Diagnosis:

Verified by: Family Report Consumer Report Facility Report (other than physician report)
 Physician Report Psychiatrist Report

Mental Health Diagnosis (DSM IV)	Impact on functioning level/ symptoms

Medical Diagnosis:

Verified by: Family Report Consumer Physician Report
 Facility Records (other than physician report)

Medical Conditions	Current Status

Medical conditions that Alma Family Services staff should take into consideration when providing PROJECT HOPE services:

Explain:

Special Diet: Yes No Explain:

Allergies: Yes No Explain:

Client Situation

Is the client currently receiving mental health care? Yes: No:

If yes, describe:

Hospitalization Date	Where	Voluntary/Involuntary	Discharge Plan Available

What has helped this individual in the past with regards to provision of mental health care?

What has not worked for this individual in the past with regards to provision of mental health care?

Have there been any recent changes in the personal life or environment of this individual? If so, please describe:

Reinforcers for this individual:

Dislikes for this individual:

Mental health triggers (current/history):

Mental Health Symptoms (DSM IV)

DEPRESSION: None reported

Suicidal Ideations/Attempts/Gestures Sadness/Crying/Isolation

Feelings of hopelessness and social withdrawal Irritability and /or Anger

Sleeping problems: How many times per week: Rapid Mood Changes

Death/ Illness of family/friend: When:

Complains often of feeling sick: Describe:

Eating Problems: Describe:

Depression Comments:

CONDUCT/OPPOSITIONAL CONCERNS: None reported

Aggression: fighting, verbally abusive Hurts or Tortures animals

Destruction of property: fire setting, vandalism, graffiti Explosive Episodes

- Delinquent behaviors: stealing, gang involvement Stays out late at night, runs away
- Defiant with authority
- Homicidal Ideation/Treats/Gestures towards others - Please describe:

Conduct/Opositional Comments:

ATTENTION DEFICIT CONCERNS: **None reported**

- Yells, screams inappropriately, temper tantrums Short attention span
- Easily frustrated Disruptiveness

HYPERACTIVE CONCERNS: **None reported**

- Poor impulse control Inability to sit still
- Restlessness/Hyperactivity Excessive energy: Home School/Work/Other

ADD/ADHD Comments:

POST-TRAUMATIC STRESS DISORDER: **None reported**

- Fearfulness Flashbacks, intrusive thoughts
- Unusual play with peers or toys Emotionally unresponsive
- Exaggerated startle response
- Nightmares: How many times per week:
- Victim of abuse: sexual physical emotional neglect/abandonment domestic violence

PTSD Comments:

PSYCHOTIC DISORDER: **None reported**

- Hallucinations: Visual Auditory Olfactory (smell) Tactile (touch)
- Delusions Paranoid Ideations Talks to self

Psychotic Disorder Comments:

ANXIETY: **None reported**

- Palpitations or accelerated heart rate Excessive Worrying
- Panic Attacks: How many times per week: Nervousness

Anxiety Comments:

ENURETIC/ ENCOPRETIC: **None reported**

Difficulty with bowel control: During Day: How many per week During Night: How many per week

Difficulty with control of urine: During Day: How many per week During Night: How many per week

Enuretic/Encopretic Comments:

SUBSTANCE USE/ ABUSE: None reported

Sudden change in peer group

Slurred or rapid speech, or stumbling

Increased need for money or stealing for money

Red eyes, dilated or constricted pupils

Found drug or alcohol paraphernalia

History of drug/alcohol arrests: date of last arrest: / /

Illegal drug usage: drug: drug: drug: how many times per week

Substance Use/Abuse Comments:

Other information the PROJECT HOPE team may need to know:

FOR ALMA FAMILY SERVICES OFFICE USE ONLY:

Reviewed by Alma Family Services Intake Staff for PROJECT HOPE services: _____

Review Date: _____

PROJECT HOPE Services needed by the client:

Case Management

Group Social Skills Training

Individual therapy

Group Anger Management

Medication Management

Group Sexuality training

Service Locations: MCC El Monte (SG/PRC vendored services) Walnut (MH only)

Home (MH only) SG/PRC (SG/PRC vendored services only)

PROJECT HOPE- This project and form are funded by the Mental Health Services Act (MHSA) in partnership with the California Department of Mental Health and Department of Developmental Services (DDS). PROJECT HOPE is a collaborative effort between Alma Family Services and San Gabriel/Pomona Regional Center (SG/PRC) to help increase one's quality of life.