



# Chums Referral Form

FORM MUST BE PRINTED OR TYPEWRITTEN

Date: \_\_\_\_\_

Referring Agency: _____
Referring Party Name: _____ Phone: _____ Ext. _____

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender:     Male                       Female                       Unknown

Race:         Black/African American     White                       Alaskan Native

American Indian             Asian                       Other Single Race

Two or More Race          Unknown                  Native Hawaiian/Other Pacific Islander

Ethnicity:    Cuban                               Mexican                       Puerto Rican

Unknown                          Other Specific Hispanic     Not of Hispanic Origin

Military Status:     None                               Discharge                       Active Duty

Disabled Veteran                 Afghanistan Veteran         Iraqi Veteran

What is the client's mental health diagnosis?

	<u>Name</u>	<u>DSM Code</u>	<input type="checkbox"/> IV	<input type="checkbox"/> V
Primary	_____	_____		
Secondary	_____	_____		
Tertiary	_____	_____		

Name: \_\_\_\_\_

**Mail, email or Fax to:**

**Life Essentials**  
 40 S. Perry Street, Suite 130 | Dayton, Ohio 45402  
 Phone: (937) 586-0545 Fax: (937) 586-0565  
 www.cssmv.org  
 lifeessentials@cssmv.org

Diagnosis Type:     DSM-IV-TR                       DSM-V                       ICD9                       ICD10

Special Population:     Severely Mentally Disabled     Alcohol/Other Drug Abuse     Forensic Legal Status  
 Deaf/Hearing Impaired             Blind/Sight Impaired             Physically Disabled  
 Speech Impaired                       Physical Abuse Victim  
 Mental Retardation/Developmentally Disabled

Frequency of attendance at self-help programs in the 30 days prior to admission:

- No attendance in the past month     1-3 times in the past month     4-7 times in the past month  
 8-15 time in the past month             16-30 times in the past month  
 Some attendance in the past month, but frequency unknown                       Unknown

Psychosocial Rehabilitation:

- Client could benefit from:
- Taking more responsibility for how he/she lives their life.
  - Obtain the information/skills needed to take charge of managing their illness
  - Learn how to deal more effectively with daily programs.
  - To be able to control his/her life.
  - To be able to handle things when they go wrong.
  - To be better in social situations
  - Bothered less by symptoms related to his/her mental illness.
  - To be able to do things that is more meaningful in his/her life.
  - To be better at taking of his/her needs.
  - Maintain/enhance his/her ability to live in current level of care setting.

**Please attach a copy of the participant's current ISP**

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