Prince George's County Health Department
Largo, MD 20774

Name _____
Health Dept. No _____
Service Unit: BEHAVIORAL HEALTH

REFERRAL INFORMATION FOR RECOVERY SUPPORT

Date:			
Name of Client			For Women: Pregnant? ☐ Yes ☐ No
Date of Birth	Sex: ☐ Male ☐ Female	School Status :	School/Grade:
Address:			
Home Phone:	Other contact information (Parent email) :	Client's Phone:	
Presenting Problem:			
Referred to treatment by:		Caseworker: Name / Phone	
Reason for Entering Recovery:		Date of admission:	
Language:			
Mental Health Status (Diagnosis or Clinicians Self-Diagnosis)		Client's Strengths/Weaknesses/High Risks Behaviors :	
Family Matrix:			
Legal Status:			

Date	Comments	Initial

Intake Recovery Support Specialist (1st Appt)	Intake Recovery Support Specialist (2nd Appt)