



Referral Date: _____

Brattleboro Retreat
MENTAL HEALTH AND ADDICTION CARE

PATIENT SELF-REFERRAL FORM

Please fax this completed form to 802-258-3791.

Your responses will be forwarded to our Admissions department for review.

NOTE: If you are experiencing a medical or psychiatric emergency do not fill out this form. Instead, dial 911 or contact your primary medical care provider at once.

NAME: _____ D/O/B: _____

ADDRESS: _____

E-Mail: _____ Phone: _____

HEALTH INSURANCE CARRIER: _____

SUBSCRIBER'S NAME: _____ SUBSCRIBER D/O/B: _____

INSURANCE ID #: _____ INSURANCE Tel. #: _____

1. Briefly describe the mental health and/or substance abuse problem(s) you are currently experiencing:

2. Do you own or have access to the technology (computer, internet service, etc.) to participate in a remote treatment program using Zoom? _____yes_____no

3. Are you currently using tobacco, alcohol, cannabis, or any prescribed or illicit drugs? _____yes_____no If yes, please list:

CURRENT & PAST HEALTH DIAGNOSES

Please list any psychiatric, medical, substance abuse, or other past or present diagnoses:

MEDICATIONS—If you are currently taking any prescription or over-the-counter medications, please list them here:

- _____
- _____
- _____
- _____
- _____

WHO ARE YOUR CURRENT TREATMENT PROVIDERS?

PHYSICIAN/PRIMARY CARE: _____

ADDRESS: _____ PHONE: _____

THERAPIST/COUNSELOR: _____

ADDRESS: _____ PHONE: _____

PSYCHIATRIST: _____

ADDRESS: _____ PHONE: _____

CASE MANAGER: _____

ADDRESS: _____ PHONE: _____

MAT PROVIDER: _____

ADDRESS: _____ PHONE: _____

OTHER: _____

ADDRESS: _____ PHONE: _____

DAILY FUNCTIONING—Please indicate if the problem(s) you are currently facing are negatively impacting any of the following:

___ **Basic communication**—using the phone, email, internet, etc.

___ **Transportation**—driving yourself, arranging rides, or using public transportation

___ **Meal preparation**—planning, cooking, cleaning up, using kitchen utensils/appliances, cleaning up

___ **Shopping**—the ability to make appropriate decisions about food and clothing purchases.

___ **Housework**—laundry, washing dishes, dusting, vacuuming, keeping a clean residence.

___ **Medication management**—taking the right amount(s) at the right time(s), ordering refills, etc.

___ **Personal finances**—following a budget, paying bills (online or writing checks), avoiding scams, etc.

___ **Personal hygiene**—bathing/showering, grooming, nail care, oral hygiene, etc.

___ **Dressing**—ability to make appropriate clothing decisions and physically dress and undress yourself.

___ **Eating**—appetite and the ability to feed yourself (even if someone else prepares meals)

___ **Continence**—being able to mentally and physically use a bathroom/restroom.

___ **Mobility**—the ability to sit, stand, get in and out of bed, and walk independently.

SELF-SUFFICIENCY—check the boxes that most accurately describe your situation in relation to:

- FOOD In crisis Vulnerable Safe Stable Thriving
- HOUSING In crisis Vulnerable Safe Stable Thriving
- INCOME In crisis Vulnerable Safe Stable Thriving
- PERSONAL SAFETY In crisis Vulnerable Safe Stable Thriving
- TRANSPORTATION In crisis Vulnerable Safe Stable Thriving
- ABILITY to FUNCTION In crisis Vulnerable Safe Stable Thriving
- CRIMINAL JUSTICE SYSTEM In crisis Vulnerable Safe Stable Thriving
- LEGAL (non-criminal) In crisis Vulnerable Safe Stable Thriving
- MONEY/FINANCES In crisis Vulnerable Safe Stable Thriving
- SUPPORT SYSTEM In crisis Vulnerable Safe Stable Thriving
- SUBSTANCE USE In crisis Vulnerable Safe Stable Thriving
- PHYSICAL HEALTH In crisis Vulnerable Safe Stable Thriving
- MENTAL HEALTH In crisis Vulnerable Safe Stable Thriving
- EMPLOYMENT In crisis Vulnerable Safe Stable Thriving

DO ANY OF THE FOLLOWING RELATE to YOUR CURRENT LIFE SITUATION?

If yes, please check the appropriate box beside each category:

- EMPLOYEMENT In crisis Vulnerable Safe Stable Thriving
- PARENTING SKILLS In crisis Vulnerable Safe Stable Thriving
- CHILD CARE In crisis Vulnerable Safe Stable Thriving
- ADULT EDUCATION In crisis Vulnerable Safe Stable Thriving
- CHILD EDUCATION In crisis Vulnerable Safe Stable Thriving

Which of the following Retreat programs do you feel might benefit you the most?

- Inpatient Outpatient Virtual Partial Hospital Program Virtual Intensive Outpatient Program
 Uniformed Service Program Other

CLIENT DEMOGRAPHICS

Client Race

Check the boxes that most accurately describe your race:

- American Indian or Alaskan Native
- Asian Indian
- Black or African-American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Vietnamese
- White
- Other Asian
- Other Pacific Islander
- Refused

Ethnic Origin

Check the boxes that most accurately describe you ethnic origin:

- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- Yes, Puerto Rican
- Yes, Other Hispanic Origin
- No, Not Hispanic, Latino/a or Spanish
- Refused

Primary Language

What is your primary language?:

- American Sign Language
- Arabic
- Chinese
- English
- French
- German
- Hindi/Indic languages
- Italian
- Russian
- Spanish
- Vietnamese
- Other