Advantage Psychiatric Services, LLC
Referral Form for Mental Health Services

Client Information:

Client Name: _____ DOB: _____ SS #: _____

Gender: ☐ Male ☐ Female School & Grade: _____

Services Requested: ☐ Office-Based Outpatient ☐ School Based (if therapist is available)

Service Location: ☐ Cecil County Office ☐ School (if appropriate)

Contact Numbers: _____ Message ok? ☐ Yes ☐ No

_____

Address: _____

_____

Parent or Legal Guardian Information:

Name of Parent or Legal Guardian: _____ Address: _____

Contact Numbers: _____ Type of Setting: ☐ Home ☐ Group Home

_____ ☐ Foster Home ☐ Psychiatric Hospital ☐ Other

Payment Information:

Type of Insurance: ☐ Medicaid ☐ Medicare ☐ Uninsured ☐ Other

Insurance ID: _____

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name: _____ Mailing Address: _____

_____

Phone#: _____ Email Address: _____

How did you hear about Advantage Psychiatric Services, LLC?

Child/Adult Mental Health Information:

Current Medication & Dosage	Current ICD-10 Diagnosis(es)
Prescribing Physician name & Phone:	

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Current Mental Health Symptoms:	Unknown	Not Present	Mild	Moderate	Severe
Hallucinations (describe)					
Delusions					
Thought disorder					
Bizarre (psychotic) behavior (describe below)					
Anxiety / Nervousness					
Obsessive / Compulsive					
Phobias / Fears					
Depressed mood					
Mood swings					
Suicidal thoughts					
Sleep disturbance					
Irritability					
Anger / Temper Tantrums					
Hyperactivity					
Attention deficit					
Eating problems					
Elimination problems					
Oppositional / Defiant to those in authority					
Antisocial / Delinquent behavior / Conduct disorder					
Over sexualized behavior					
Somatic complaints with no known medical cause					
Attachment disorder (explain below)					
Other (explain)					

Reason for referral for treatment: In your own words, describe the child/adult in need for mental health services. Please describe specific behaviors the child/adult is exhibiting. Is there a history of inpatient hospitalizations?

Additional Comments: