

**Referral Form**

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred gender pronouns:\_\_\_\_\_**

**Discharge Date if Applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person filling out form if other than patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to patient:**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please only list people that you would be comfortable having contacted if an emergency arises.**

**Has the patient been given a psychiatric diagnosis? If so please list:**

**Please describe any symptoms from this diagnosis that the patient struggles with:**

**Does the patient take any medication(s)? If so, please list:**

**What kind of mental health care if any does the patient currently receive?**

**Does the patient have any history of substance abuse? If so, please describe.**

**Does the patient have any medical problems? Including allergens to any foods.**

**Does the patient live alone, with family, or other? Please describe.**

**How involved are family or friends? Does the patient have other supports in the community?**

**Please return the completed form by postal mail, email, or fax to:**

**Steve Fedele**

**Well-Space Program Coordinator**

**McLean Hospital**

**115 Mill Street MS 343**

**Belmont, MA 02478**

**Phone: 617-855-4214 Fax: 617 855 3820
Email: SFedele@Partners.org**