

KAIROS REFERRAL FACE SHEET

Service Requested: Psychiatric Residential Treatment Psychiatric/Residential Respite TFC
 Day Treatment ICTS Young Adult Program Outpatient

Youth's Name: _____ Date of Birth: _____ Referral Date: _____

Gender: M / F Marital Status: S / M / D / W County of Origin: _____

Original Referral Source: _____ Phone: _____

Client's Legal Status: Ward of the State Voluntary Civilly Committed/TVA OYA JJIS #: _____

Preferred Language: English Spanish Other: _____

Social Security Number: _____ Race/Ethnicity: _____ Religion: _____

Legal Guardian DHS OYA Other: _____ Phone: _____

Caregiver Name: _____ Relationship: _____ Phone: _____

Caregiver Address: _____

Client's Current Placement and Address: (if different) _____

Client's Current School Placement _____ Last Grade Completed _____

Medicaid/OHP/Prime Number: _____ MHO: _____

Private Insurance: _____ ID Number: _____

Hep B Status: positive / negative date: _____ TB Test Results: Positive / Negative date: _____

SSI / SSD: Yes No Advanced Directive: Yes No Mental Health Directive: Yes No

TRAUMA HISTORY:

PREVIOUS BEHAVIORS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Animal Cruelty/Abuse | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Drug &/or Alcohol Involvement | <input type="checkbox"/> Fire Setting |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Runaway | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Sexual Aggression | <input type="checkbox"/> Sexual Reactivity |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Violent Behaviors | |

_____ Number of prior out-of-home placements

_____ Number of prior psychiatric hospitalizations

_____ Known or estimated IQ

AXIS I Diagnoses: _____ CGAS/GAF score: _____

Treatment Considerations (what does the team want this client to accomplish during his / her stay?):

Referring Party (please print): _____ Phone: _____

Agency: _____ Date: _____

KAIROS

Authorization for Release of Information

We can help you better if we are able to work with other professionals and organizations that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.

I authorize Kairos to share information about:

Name: _____

D.O.B.: _____

ID #: _____

with the following individuals or agencies:

including records of: (Please initial each item)

Family History: ___ Yes ___ No

Medical/Psychiatric Treatment: ___ Yes ___ No

Employment/Unemployment: ___ Yes ___ No

Mental Health Services: ___ Yes ___ No

Educational Reports: ___ Yes ___ No

Other, as listed: _____

Alcohol/Drug Treatment: ___ Yes ___ No

Alcohol/Drug, Mental Health and Medical Records include all aspects of diagnosis, treatment and prognosis. Educational records include both behavioral and progress reports.

I agree that the agencies and individuals listed above may share and exchange information about my family and my circumstances. ___ Yes ___ No (Please initial)

Purpose: The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family, or for other purposes as specified: _____

This permission is good until 180 days following discharge from all Kairos programs: _____ (Please initial)

I can cancel this at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Parent or Guardian

Date

Client

Date

Kairos Representative

Date

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document _____

Kairos Representative