MNW
Northwestern Mental Health
The Path to Hope and Recovery

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MNWH is an Equal Opportunity Employer and Provider

Date: ______________ Referral Source Cell/Phone: ______________

Referral Source Name & Relationship: ______________

Referred Client Information: Name: ______________

Cell/Phone # ______________ Date of Birth: ______________ Sex: ☐ M ☐ F

SSN#: ______________ Grade: ______ School: ______________

Address: ______________ City/State/Zip: ______________

Parent/Guardian Name (legal guardianship paperwork required): ______________ Cell/Phone# ______________

Foster Parent Name: ______________ Cell/Phone# ______________

County of Financial Responsibility: ______________

If Client is a Child, is Child currently placed outside of the home? (legal custody paperwork required) ☐Yes ☐ No ☐ Unknown

Date of last Comp Eval/DA: Where:

Referred for: (Check all that apply) If asked specify location of service "O" for Office or "H" for Home after the service

☐School Based MH Services
☐Peer Recovery Services
☐Homeless Program
☐Bridges
☐Psychiatry
☐ Psychological Testing
☐ Diagnostic Assess./Comp. Eval

☐ North Star Summer Program
☐ Neuropsychological Testing
☐ Rule 25 Assessment
☐ Substance Use Treatment
☐ IPS (Individual Placement & Support)
☐ Care Coordination
☐Peer/Skills/Psychotherapy Group(write name(s) of group):

☐ Case Management
☐ Individual Skills Building ☐O ☐H
☐ Individual Psychotherapy ☐O ☐H
☐ Family Skills Building ☐O ☐H
☐ Family Psychotherapy ☐O ☐H
☐ Family Assessment

If Referred for IPS, have the client answer the following questions:

1. On a scale of 1—10 where 1 is Not At All Important and 10 is Extremely Important, how important is a job to you? ☐ 1 Not at all important ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐9 ☐10 Extremely Important
2. How soon would you like to begin looking for a job? ☐ Within a week ☐ Next month ☐ In a few months ☐ In six months ☐ I am not sure—I would like to keep talking about this

Presenting Concern/Potential Goals:

Name of Other Providers Involved	Role/Relationship	Agency

For Office Use Only: Funding source: ☐ MA/PMAP ☐ Commercial ☐Medicare