



KVC Kentucky Treatment Referral Form
Behavioral Health Services &
Alcohol, Substance Abuse and Co-Occurring Disorders

Client Information

Name: _____ Date: _____
Date of Birth: _____ Social Security #: _____
Medicaid #: _____ MCO: _____
Phone Number: _____ Secondary Phone: _____
Address: _____
City: _____ State: _____ ZIP: _____

Legal Guardian Name: _____ Relationship: _____

Is guardian aware of the referral? Yes No

Gender: Male Female

Ethnicity: African American Asian Caucasian
 Hispanic Other

Language: _____ School: _____

Is there a DSM or ICD-10 (International Statistical Classification of Diseases and Related Health Problems) Behavioral Health Diagnosis? (examples: Depression, Anxiety, ADHD, Bipolar)
 Yes No

Does referral source have knowledge of current tobacco, alcohol, or drug use by client?
 Yes No

Does referral source have any knowledge of current suicidal or homicidal thoughts or behavior?
 Yes No

Within the last 6 months, has the client received in-patient services in a psychiatric hospital, residential, substance treatment facility, or crisis stabilization unit?
 Yes No

Has the client engaged in violence towards others, made threats of violence, or used weapons against others?
 Yes No

Has the client engaged in self harming behaviors in the past month? Yes No

Has the client run away from home in the past 3 months? Yes No

Has the client previously received Impact Plus services? Yes No

Is the client currently experiencing homelessness, housing or rent problems, unemployment, or difficulty paying bills?
 Yes No

If yes to any of the above, please explain:

Reason for referral/presenting problems:

DCBS, DJJ, or Court Involvement

Is there DCBS involvement? Yes No

Is there DJJ involvement? Yes No

Is there Court or CDW involvement? Yes No

Has there been incarceration in the past 6 months? Yes No

DCBS/DJJ/CDW/Parole Officer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email Address: _____

Referral Source Information

Referring Agency: _____

Referring Agency Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

How did you find out about us? _____