



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

**Client Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Legal Guardian Name (if different than client): \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_  
Is guardian aware of the referral?      Yes      No  
Gender:      Male      Female  
Ethnicity:      African American      Asian      Caucasian      Hispanic      Other:  
Primary Language: \_\_\_\_\_ School: \_\_\_\_\_  
The Client's Age Is:  
17 Years or Younger \_\_\_\_\_ 18 Years or Older \_\_\_\_\_

**Insurance Information**

Medicaid #: \_\_\_\_\_  
MCO Insurance Provider: \_\_\_\_\_ MCO Insurance ID #: \_\_\_\_\_  
Primary Insurance Provider: \_\_\_\_\_ Primary Insurance ID #: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_  
Secondary Insurance Provider: \_\_\_\_\_ Secondary Insurance ID #: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

**Reason for referral and presenting problems:**

**Does the client have a previous Behavioral Health Diagnosis? (Examples: Depression, Anxiety, ADHD, Bipolar)**

Yes          No

**If Yes, what is the diagnosis?**

**Does the client use tobacco, alcohol, or illegal drugs, including prescription medication for non-medical purposes?**

Yes          No

**Does the client hear voices when no one is around, speaking or telling him/her what to do?**

Yes          No

**Does the client have visions, see something or someone, that no one else can see when completely awake?**

Yes          No

**Does the client have current suicidal or homicidal thoughts or behaviors?**

Yes          No

**Within the last 6 months, has the client received in-patient services in a psychiatric hospital, residential treatment facility, 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

**If younger than 17 years of age, has the client run away from home in the past 3 months?**

Yes          No

**Has the client recently stopped taking or gone without prescribed psychotropic medication?**

Yes          No

**Is the client or their family currently experiencing homelessness, housing or rent problems, unemployment, or difficulty paying bills?**

Yes          No

**Are there any concerns about adult violence in the home?**

Yes                      No

**Are there any concerns about adult alcohol use in the home?**

Yes                      No

**Are there any concerns about adult illegal drug use, including prescription medication for non-medical purposes, in the home?**

Yes                      No

**Has the client been mandated or required to receive treatment (from Court, DCBS, Probation and Parole Officer)?**

Yes                      No

**Are there any barriers or concerns about KVC providing behavioral health services in the home?**

Yes                      No

**If Yes, what are the concerns about KVC providing services in the home?**

**D C B S, D J J, 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?