NHSS
New Hope Support Services, LLC

P. O. Box 13894
Roanoke, Virginia 24038-3894
(540)777-2777 (office)
(540)777-2792 (FAX)
www.newhopesupportservices.com

Referral Form

Date	
Referring Agency	
Street Address	
City, State, Zip	
Telephone	

Individual's Name					
Street Address					
City, State, Zip					
Telephone		Age		Gender	
Social Security		Date of Birth			
Marital Status: (check one)	____ Single _____ Married ____ Widowed ____ Separated ____ Divorced				

Guardian/Authorized Representative		Physician
Street Address		Street Address
City, State, Zip		City, State, Zip
Telephone		Telephone

Will Authorized Representative be a participant in services provided by NHSS. Check One: _____Yes ____No

DIAGNOSIS INFORMATION

Disability Diagnosis: (check one)	___ MH ___ MR ___ DD
Axis I	
Axis II	

Presenting Needs (check all that apply)	
Psychiatric	
Medical Problems	
Current Medications	
History of Medical Care	
Other:_	

Has the individual ever been hospitalized for psychiatric reasons?
Check One: _____ Yes ____ No

If so, when and where was the most recent hospitalization?

____

FINANCIAL INFORMATION

Health Insurance	_____ **Medicaid or Private:** ____		
Health Insurance #			
Source of Income for Services		**Monthly Income**	

MEDICAL INFORMATION - Date of Last Physical: ____________________

Medication History (List all Current and Past, including alcohol, prescription, and nonprescription):

Medication	**Purpose**	**Prescribing Physician**	**Side Effects**

RECOMMENDATION FOR SERVICES

_____	**Mental Health Community Support Services**
_____	**Psychosocial Rehabilitation**
_____	**Therapeutic Mentoring**
_____	**Other:** ____

Recommended Start Date		**Recommended End Date**	

Case Manager/ Agency (if any)	
Street Address:	
City, State, Zip	
Telephone	
Case Manager's Recommendations of Services	
Describe any current MR, DD Waiver or Community Rehabilitation Services	

NHSS OFFICE USE ONLY

NHSS Recommendation for Services: ____

Disposition of the Referral ________accepted ______denied _______pending

X

NHSS Employee Completing the Form Date