CALIFORNIA AREA IHS
Youth Regional Treatment Center Network (YRTCN)
RISK POOL REFERRAL FORM

REFERRANT INFORMATION

Referring program: _____
Referring counselor: _____
Referring counselor phone number: _____

CLIENT DEMOGRAPHICS

Age: _____
Client initials: _____
Gender: _____
Tribe: _____

REASON FOR REFERRAL

Primary drug of choice?: _____
Secondary drug of choice?: _____
Tertiary drug of choice?: _____
Frequency of substance use: _____
_____
_____
How much per episode?: _____
_____
Areas of psychosocial impairment: _____
_____
_____
Reason cannot be treated in less restrictive environment: _____
_____
_____
_____
Residential facility requested: _____
_____
Daily rate: _____
Tentative admit date: _____
Have you accessed all available resources so that IHS is the payor of last resort?:
Yes / No
Which resources?: _____
_____
_____

PSYCHOLOGICAL FACTORS

Legal involvement?: Yes / No
What type?: _____

_____

Social service involvement:? Yes / No
Indian Child Welfare Act involvement Yes / No
Who has custody?: _____

SPECIAL NEEDS

Comorbid mental health diagnosis?: Yes / No
What type?: _____

_____

_____

Learning disability?: Yes / No
Physical disability?: Yes / No
What type?: _____

_____

_____

Unusually disruptive behavior?: Yes / No
What type?:

TENTATIVE AFTERCARE PLAN

_____

_____

_____

_____

_____

YRTCN COORDINATOR USE ONLY

Approved for 6 months residential treatment?: Yes / No
Residential facility?: _____
Date approved: _____
Approved by: _____