

**CALIFORNIA AREA IHS
YOUTH REGIONAL TREATMENT CENTER NETOWRK (YRTCN)
RISK POOL REFERRAL FORM**

Date:

Referrant Information	
Referring program:	
Referring counselor:	
Referring counselor phone number:	
Client Demographics	
Date of Birth:	
Client initials:	
Gender:	
Tribe:	
Medi-Cal eligible?	
Reason for Referral	
Primary drug of choice?:	
Secondary drug of choice?:	
Tertiary drug of choice?:	
Frequency of substance abuse:	
Areas of psychosocial impairment:	
Reason cannot be treated in less restrictive environment:	
Residential facility requested:	
Daily rate:	
Tentative admit date:	
Have you accessed all avialable resources so that IHS is the payor of last resort?:	
Which resources?	
Psychological Factors	
Legal Involvement?	
What type?	
Social service involvement?	
Indian Child Welfar Act involvement?	
Who has custody?	
Suicidal ideation?	
Suicide attempt(s)?	
Special Needs	
Comorbid mental health diagnosis?:	
What type?:	
Learning disability?:	
Physical disability?:	
What type?:	
Unusually disruptive behavior?:	
What type?:	

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Tentative Aftercare Plan

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