



Prince George's County Health Department
Largo, MD 20774

Name _____
Health Dept. No _____
Service Unit: BEHAVIORAL HEALTH

REFERRAL INFORMATION FOR RECOVERY SUPPORT

Date:			
Name of Client			For Women: Pregnant? ☐ Yes ☐ No
Date of Birth	Sex: ☐ Male ☐ Female	School Status :	School/Grade:
Address:			
Home Phone:	Other contact information (Parent email) :		Client's Phone:
Presenting Problem:			
Referred to treatment by:		Caseworker: Name / Phone	
Reason for Entering Recovery:		Date of admission:	
Language:			
Mental Health Status (Diagnosis or Clinicians Self-Diagnosis)		Client's Strengths/Weaknesses/High Risks Behaviors :	
<u>Family Matrix:</u>			
<u>Legal Status:</u>			
Date	Comments		Initial
Intake Recovery Support Specialist (1 st Appt)		Intake Recovery Support Specialist (2 nd Appt)	