

**McKinzie Gardens Inc. Referral Form**

Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Current Residence \_\_\_\_\_

Phone Where Applicant Can Be Reached \_\_\_\_\_

Projected Discharge Date if Hospitalized \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Diagnosis

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Seriously & Persistently Mentally Ill (circle one)      YES      NO

Medications \_\_\_\_\_

\_\_\_\_\_

History of Medication

Compliance \_\_\_\_\_

\_\_\_\_\_

History of Community

Placements \_\_\_\_\_

\_\_\_\_\_

History of Felony

Convictions \_\_\_\_\_

\_\_\_\_\_

History of Substance Abuse

\_\_\_\_\_

History of

Violence \_\_\_\_\_

\_\_\_\_\_

Monthly Income and Source

Referred by \_\_\_\_\_

Contact Person and Telephone Number \_\_\_\_\_