ACADEMY at GLENGARY
1819 Glengary Street
Sarasota, FL 34231
Tel: (941) 921-9936
Fax: (941) 922-2133

REFERRAL FORM

Membership Requirements:
1. **Referral Form signed by licensed clinician**
2. **Psychiatric Evaluation (most recent)**

PROSPECTIVE MEMBER INFORMATION

_____ _____
(name) **(date of birth)**

_____ _____
(address) **(social security number)**

_____ _____
(city) **(state)** **(zip code)** **(phone number)**

DIAGNOSIS

Axis I:	
Axis II:	
Axis III:	
GAF:	

Traumatic Brain Injury	☐ yes ☐ no
Autism Spectrum Disorder	☐ yes ☐ no
Developmental or Intellectual Disability	☐ yes ☐ no

Reason for Referral/Goals:_____
_____
_____

RISK ASSESSMENT:

BEHAVIOR	HISTORY	CURRENT ACTIVITY LEVEL			
violence	☐ yes ☐ no	☐ none	☐ minimal	☐ moderate	☐ high
suicide attempt(s)	☐ yes ☐ no	☐ none	☐ minimal	☐ moderate	☐ high
alcohol/drug abuse	☐ yes ☐ no	☐ none	☐ minimal	☐ moderate	☐ high
sexual exploitation	☐ yes ☐ no	☐ none	☐ minimal	☐ moderate	☐ high

Describe any legal involvement:_____
_____
_____

Additional comments:_____
_____
_____

PSYCHIATRIST INFORMATION - PLEASE FILL OUT COMPLETELY

_____ _____
(name) **(phone)**

_____ _____
(address) **(date)**

_____
(city) **(state)** **(zip code)**

(use additional paper, if necessary, for any aspect of this referral form)

signature