Royal Family Services

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Portsmouth, VA 23704
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REFERRAL/SCREENING FORM

Client Information

Client's Name: _____
Date of Initial Contact: _____ Date of Birth: _____
Client Race: _____ Social Security: _____
Medicaid #: _____ Primary Physician: _____
Psychiatric History: _____

Type of Service (Circle One):

- ◯ Community Stabilization
- ◯ Substance Abuse Program (2.5 PHP Partial Hospitalization Program)

*If client has a legal guardian, please fill out the next section.

Parent/Guardian Information

Parent/ Guardian: _____
Current Address: _____
Phone Numbers: _____(H) _____(C)

Adult Serviceable Problems (Circle)

Maintaining/Improving Hygiene	Stable Housing	Social Skills
Dressing appropriately	Managing bills	Healthy Relationships
Medication Management	Job placement	Understanding social rules
Nutrition	Shopping for groceries	of conduct

Substance Use Related Problems (Circle)

- Alcohol Use
- Drug Use (Illicit Substances)
- Prescription Medication Misuse
- Relapse Prevention
- Cravings/Triggers
- Detoxification Support
- Substance Use Affecting Relationships
- Loss of Control Over Use
- Tolerance
- Withdrawal Symptoms
- Co-Occurring Mental Health Issues
- Poor Decision Making
- Legal Problems Related to Substance Use
- Lack of Motivation
- Attending Support Groups
- Recovery Support
- Treatment Engagement
- Family Issues Related to Substance Use
- Risky Behaviors
- Peer Pressure
- Coping Skills
- Sobriety Maintenance

Additional Serviceable Problems: _____

Child/Adolescent Serviceable Problems (Circle)

Aggression/Bullying	Involvement w/Courts	Poor Coping Skills
Peer Relationship	Depression	Parent/Child Relationships
Peer Violence	Abusive Language	Lack of Family Structure
Substance Abuse	Teen Parenting	Juvenile Arrest
Defiance	Gang Violence	School Failure/Truancy

Referring Information

1. Is the client/family willing to participate in receiving services? **Yes/No**
2. Are services able to be delivered in the client's current residence? **Yes/No**
3. Does Royal Family Services have permission to contact the client/parent? **Yes/No**
4. Does Royal Family Services have permission to leave a message? **Yes/No**

Referring Source: _____ Phone: _____
Individual Completing Referral: _____ Phone: _____