



CareManager BHIDD Services Referral Form

Name of Person Completing Form

Contact Information for Service Planning

Contact Name

Contact Phone

Contact Email

Demographic Information

Name (First, Middle, Last)

DOB **DMHID/DCN**

Gender

Current Living Situation

If the person is not currently with a provider and is referring to HARP, is there a provider who agrees to accept the person once ready for HARP discharge? *Please say yes/no, and if yes, include the provider's name.*

Diagnostic and Mental Health History (Check the box if the answer is yes)

- Client has IDD diagnosis
- Client has a mental illness diagnosis
- Client has diagnosis of Alzheimer's or Dementia

Add specific diagnosis if known [Click or tap here to enter text.](#)

Medical Needs (check the box if the answer is yes)

- Client requires specialized medical equipment Other
- Client requires trachea tube or gastric tube
- Client is medically unstable
- Client is non-ambulatory
- Client is experiencing acute psychosis
- Eating/feeding issues
- History of trauma
- Traumatic Brain Injury

Hospitalizations

Add hospitalizations _____

CareManager BHIDD Services Referral Form

Medications

Add medications _____

Problem Behavior Topography (Check the box if answer is yes)

- Client engages in problem behaviors
- Client engaged in aggressive sexualized behavior in last 6 months
- Client engaged in physical aggression in last 6 months
- Client has used weapons or other objects as a weapon in last 12 months
- Client has engaged in behavior seeking law enforcement or emergency personnel in last 12 months
- Client has had hallucinations or behavior suggesting so in last 6 months
- Client engaged in self-injurious behavior in last 6 months
- Client has attempted suicide in last 12 months
- History of cruelty to animals
- History of arson
- Registered sex offender
- Past forensic issues
- Current forensic issues

Add specific problem behavior if known (see attached Problem Behavior Topography datasheet)

Behavior Skills Deficits

- Socio-communicative deficits
- Academic deficits
- ADL deficits
- Vocational deficits

Communication Method

- Vocal
- Picture Exchange
- Idiosyncratic
- Sign Language

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Point and Lead

Unresponsive

Assistive Technology

AAC devices

Visual supports/schedules

Computer/mobile/software

Environmental controls

Timers

Sensory tools

Hearing aids/assistive listening

Other Click or tap here to enter text.

Describe a typical incident related to problem behavior

Describe attempted and current treatment modalities utilized. What was most successful?

Describe any legal interactions/list legal charges