Hampstead Hospital and Residential Treatment Facility

Referral Questionnaire

Individual Information			
Name:	Preferred Name:	Date of Birth:	
Sex:	Gender Identity:	Height:	Weight:

Brief Reason for Referral

Treatment History
Does the individual have a history of residential placement: ☐No ☐Yes (explain):
Will the individual return to their current residence: ☐Yes ☐No (explain):
Does the individual have a history of psychiatric hospitalization: ☐No ☐Yes (explain):
If yes, what could have helped avoid rehospitalization:

Behavioral Health Needs
Current/history of medical conditions: ☐None
☐Ehlers Danlos Syndrome (explain):
☐Blood Clotting Disorder (explain):
☐Surgery requiring orthopedic equipment within the last 3 months (explain):
☐Other (explain):
Current/history of restraints: ☐No ☐Yes (explain):
Current/history of wandering and/or elopement: ☐No ☐Yes (explain):
Current/history of substance use: ☐No ☐Yes (explain):
Legal involvement (past, current, or pending): ☐No ☐Yes (explain):
Academic concerns: ☐No ☐Yes (explain):
Social skill concerns: ☐No ☐Yes (explain):
Assistance with taking care of self (eating, bathing, etc): ☐No ☐Yes (explain):
Guardianship issues: ☐No ☐Yes (explain):

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Referral Questionnaire

Assaultive Behavior
Does the individual have assaultive behavior: ☐No ☐Yes (explain):
How often does the assaultive behavior occur: ☐Daily ☐Multiple times a week ☐Weekly ☐Monthly (explain):
When did the assaultive behavior start (recently, months, years):
When was the last assaultive behavior:
People targeted for assaultive behavior (parent, sibling, teacher, stranger):
Does the individual receive school supports for assaultive behavior: ☐No ☐Yes (explain):
Sexualized Behavior
Does the individual have sexualized behavior: ☐No ☐Yes (explain):
How often does the sexualized behavior occur: ☐Daily ☐Multiple times a week ☐Weekly ☐Monthly (explain):
When did the sexualized behavior start (recently, months, years):
When was the last sexualized behavior:
People targeted for sexualized behavior (parent, sibling, teacher, stranger):
Does the individual receive school supports for sexualized behavior: ☐No ☐Yes (explain):
Self-Injurious Behavior
Does the individual have self-injurious behavior: ☐No ☐Yes (explain):
How often does the self-injurious behavior occur: ☐Daily ☐Multiple times a week ☐Weekly ☐Monthly (explain):
When did the self-injurious behavior start (recently, months, years):
When was the last self-injurious behavior:
Does the individual receive school supports for self-injurious behavior: ☐No ☐Yes (explain):

Completed By:	Phone:
Verified By:	Date: