



"Improving The Quality Of Lives"

Impacting Tomorrow Health Center, Co. Behavioral Modification Program

Address: 1120 N. Charles St Suite 500, Baltimore, MD 21201

Mailing Address: P.O. Box 4736 Baltimore, MD 21211

Contact Number: 443-218-8282 Fax: 443-451-8344 Email: referral@ithc.co

Referral Form

Youth's Name: **DOB:** **Age:** **Gender:** **Ethnicity:**
Address: **City:** **State:** **Zip:**
Contact #1: **Contact #2:**
SSN: **Medical Insurance (if applicable) #**
Legal Guardian Name (if applicable): **Relationship:**

Referral Prepared By:
Contact Number:

Reason For Referral: (check all that apply)

- Behavior/Conduct Emotional Mental Illness Familial Relationship Instability
 Legal/ Probation/ Court Mandated Social/Interpersonal Challenges Anger Outburst
 Substance Use/Abuse Educational Instability Social/Interpersonal Skills Challenges

Services Requested: (check all that apply)

- Behavior Intervention Crisis Intervention Therapeutic Coaching
 Behavior Modification Parenting Skills Training Parent Coaching
 Strengths Based Coaching Service Coordination

Symptoms and Behaviors of Risk: (check all that apply)

- Anxiety/Panic Adjustment Challenges Depressed Mood Psychotic Features
 Suicidal Ideations/ Attempts Homicidal Ideations/ Attempts Isolative Hyperactive
 Manic Mood Impulsivity Physical Aggression Verbal Aggression
 Physical Assault Property Destruction Unlawful Activity
 Self-Care Deficit Social Withdrawal Obsessions/Compulsions

Please indicate client's attitude towards services:

- Compliant Oppositional Neutral

Please Indicate Current Diagnosis if any or check unknown (Given By:) Unknown

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: GAF

Please List ALL Medications (if applicable):

Is the youth currently participating in therapy? Yes No

Referring Person Signature:

Confidential

Administrative Use Only

Check off once completed	Date Completed
<input type="checkbox"/> Contact referral source and client	
<input type="checkbox"/> Scheduled Orientation and Intake Meeting	Date of meeting:

Administrative Coordinator Printed Name

Signature & Date