

BEVERLEY MACK HARRY CONSULTING SERVICES INC.

738 CROWN ST. BROOKLYN, NY, 11213

TEL: (718) 363-0100

FAX: (718) 363-3005

Client's Name:		DOB:	Age:	Sex:	Telephone:
Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Client resides with: <input type="checkbox"/> Natural Parent <input type="checkbox"/> Foster(s) Parent(s) <input type="checkbox"/> Group Home <input type="checkbox"/> Legal Guardian				
Parent/Guardian Name:			Group Home/Foster Agency:		
Address:	APT:	City, State, Zip:		Email:	
Referred By:		Agency:		Referrer's Phone:	
Referrer's Email:		Supervisor Name:		Supervisor Phone:	
Insurance Name:		ID#:			

Please indicate all that apply

Language Preference: _____ **Gender Preference:** _____ **Time Preference:** Morning | Noon | Evening

Availability: Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday

Services Requested: Individual | Family | Anger Management | Parenting Skills | Domestic Violence

REASON FOR REFERRAL: SELECT ONLY THOSE THAT APPLY

School Problems (explain): _____

Family (home) Problems (Explain): _____

Medical Problems (Explain): _____

Mental/Behavioral Problems (Explain): _____

Service providers (Caseworkers, Social workers, M.D.) must fax client Psychosocial information to 718-363-3005

Psychiatric Hospitalization: Yes | No Discharge Date: _____ Diagnosis 1: _____ 2: _____

Name of Hospital: _____

Hospital Contact: _____ Telephone #: _____

Medication Type: _____ Dosage: _____ Frequency of use: _____

Service provider must fax discharge information to 718-363-3005.

CLIENT SYMPTOMS/CURRENT PROBLEMS:

Thoughts or plans to severely harm or injure self? If yes, explain below: _____ NO

Thoughts or plans to severely harm or injure someone else? If yes, explain below: _____ NO

Recently caused severe harm or injury to self or someone else? If yes, explain below: _____ NO

Taking medication for mental illness? If yes, explain below: _____ NO

Problems with medication? If yes, explain below: _____ NO

Discharged from psychiatric hospital within the last year? If yes, explain below: _____ NO

History of setting fires? If yes, explain below: _____ NO

Involved in an intensive case management program? If yes, explain below: _____ NO

Involved in an AOT program (court monitoring)? If yes, explain below: _____ NO

Other problems not identified above: _____

Date Of Referral:
Date Received By BMH:

Date Assigned: