**Referral Form**

**Date:** Click or tap to enter a date.

**Referral Source:** Choose an item.

**If Other:** Click or tap here to enter text.

**Region (if applicable):** Choose an item.

***Client Information:***

|  |  |
| --- | --- |
| **\*Name:** Click or tap here to enter text. | **Address:** Click or tap here to enter text. **OR  Unsheltered** |
| **\*DOB:** Click or tap to enter a date. | **\*Phone Number** Click or tap here to enter text. |
| **\*Social Security Number (SSN):** Click or tap here to enter text. **OR  Does not have a SSN** | |
| **\*Insurance:  Medi-Cal Number:** Click or tap here to enter text. **OR  Uninsured** | |

***Other Information:***

|  |  |
| --- | --- |
| **\*Primary Language:** Choose an item. **If other:** Click or tap here to enter text. | |
| **Due Date/Date of Birth of Child:** Click or tap to enter a date. | **CWS Involvement:** Choose an item. |

***Clinical Information:***

|  |
| --- |
| **\*Is individual interested in Mental Health Services?** Choose an item. |
| **\*Presenting peripartum symptoms/concerns/needs reported by individual (including but not limited to, pregnancy status, date of onset of symptoms, barriers/challenges, past/current mental/physical diagnosis, medications, safety concerns (active safety plans), substance use, and/or any other relevant information):**  Click or tap here to enter text. |

**Instructions:** Thank you for your referral to the ADAPT Program. Please note that individuals must be Medi-Cal/Medi-Cal eligible, 18 and older, live in San Diego County, and not currently engaged in mental health services. Please note that items with an asterisk and in red are required. If items are incomplete, it may delay processing. Once complete, referrals can be submitted via secure/encryption to [adaptreferrals@vistahill.org](mailto:adaptreferrals@vistahill.org).

To support communication, please include a Release of Information signed by the referred individual if possible.

*\*Name of Referring Individual:* Click or tap here to enter text.

*\*Phone:* Click or tap here to enter text. *\*Email:* Click or tap here to enter text.