

**REFERRAL FORM**

*Chrysalis*

844 Williamson St. Madison, WI 53703  
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www.workwithchrysalis.org

Date of Referral: \_\_\_\_\_ S.S. # \_\_\_\_\_.

Consumer full name: \_\_\_\_\_ Home Phone: \_\_\_\_\_.

Address: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_.

Bate of Birth: \_\_\_\_\_ County of residence: \_\_\_\_\_.

Referral Agent: \_\_\_\_\_ Agency: \_\_\_\_\_.

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_.

Consumer's Dane County client number: \_\_\_\_\_.

Current Support Systems and Contact People:

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_.

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_.

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_.

Other Supports:

Whom to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_.

Address: \_\_\_\_\_.

Release of Information Included \_\_\_\_\_.

Legal Information:

Do you have a guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

Name, address & phone of guardian: \_\_\_\_\_

Release of information included \_\_\_\_\_ Guardian papers included \_\_\_\_\_

Do you have a history of involvement with the Criminal Justice System? Yes No

Are you currently involved in the Criminal Justice System? Yes No

Please outline past and current involvement:

Describe current living situation (type of residence, with whom, level of stability, etc.):

Date current living arrangement began:\_\_\_\_\_.

Mental Health Diagnosis: (MUST HAVE A PRIMARY AXIS I DIAGNOSIS TO BE ELIGIBLE FOR SERVICES)

I.\_\_\_\_\_.

II.\_\_\_\_\_.

III.\_\_\_\_\_.

IV.\_\_\_\_\_.

V.\_\_\_\_\_.

Psychiatrist who ascribed this diagnosis:\_\_\_\_\_.

Clinic name & phone:\_\_\_\_\_.

Are you currently taking Psychiatric Medications?      Yes    No

Dates of last Psychiatric Hospitalization:\_\_\_\_\_.

Location:\_\_\_\_\_.

Response to acute stress:

_____ Danger to Self	_____ Suicidal Ideation
_____ Withdrawal	_____ Homicidal Ideation
_____ Danger to others	_____ Danger to Property

Briefly describe cause of stress; procedures taken to handle it: (MUST BE COMPLETED)

Stressors:

Ways to prevent escalation:

How to de-escalate a crisis:

How to approach an “off” day (non-crisis):

Suggested Chrysalis Placement:

\_\_\_\_\_ Work Center

\_\_\_\_\_ Supported Employment

\_\_\_\_\_ Do not know: Chrysalis Staff Should Assess

Preferred Work Schedule:

(WORK CENTER HOURS: M-F, 9:00AM-2:30PM)

\_\_\_\_\_ M    \_\_\_\_\_ T    \_\_\_\_\_ W    \_\_\_\_\_ TH    \_\_\_\_\_ F    \_\_\_\_\_ Sat    \_\_\_\_\_ Sun

\_\_\_\_\_ AM                  \_\_\_\_\_ PM

Total Hours Per Week:\_\_\_\_\_.

Personal strengths and interests that may aid in placement:

Pervious work experience or volunteer experience:

Behavioral limitations or special conditions that might affect the type of placement; e.g. strong religious preferences, or specific fears:

Additional comments that may be helpful in exploring placement:

Specific Work Center Referral Questions:

Supervision required:

- \_\_\_\_\_ In building, free to leave the building on breaks.
- \_\_\_\_\_ Limited, free to leave the building with supervision.
- \_\_\_\_\_ Constant supervision, must stay inside building at all times.

One goal of the Work Center program is to increase independence, so we do maintain a primarily open program (people can leave the building during breaks). Are there concerns about this? If so, what are the concerns and what can we do to address them?

On-site support with bathrooms:

- \_\_\_\_\_ Completely independent: No assistance needed.
- \_\_\_\_\_ Needs reminders: Washing hands, wiping, etc.
- \_\_\_\_\_ Wheelchair bound: Needs transfer assistance, can do remainder of tasks.
- \_\_\_\_\_ Needs total support in restrooms.

Other things to be aware of:

- \_\_\_\_\_ Interpersonal difficulties working in large groups.
- \_\_\_\_\_ Interpersonal difficulties working in small groups.
- \_\_\_\_\_ Caffeine sensitivity.
- \_\_\_\_\_ Water intoxication.
- \_\_\_\_\_ Tries to smoke but should not smoke.
- \_\_\_\_\_ Is on The Patch to assist with quitting smoking.

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Referral Agent Signature

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Date

