EASA Referral

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client’s DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referring agency and person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring agency phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring agency’s relationship to client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for referral

Please mark all that apply

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| **Reports Hallucinations**…\_\_Visual (seeing things other people don’t see.)\_\_Auditory (Hearing things other people don’t hear.)\_\_Tactile (feeling things that are not there i.e. bugs on skin: feeling like a hand is on the person)\_\_Gustatory (Tasting things that are not there.)\_\_Olfactory (smelling scents that others do not.)\_\_**Reports Delusions**, fixed false beliefs that cannot be corrected by logic and are inconsistent with the person’s culture and education. **Reports Perceptual changes**…\_\_\_Fear others are trying to hurt them\_\_\_Heightened sensitivity to sights, sounds, smells or touch\_\_\_Statements like, “I think I’m going crazy” or “My brain is playing tricks on me”\_\_\_Visual changes (wavy lines, distorted faces, colors more intense)\_\_\_Feeling like someone else is putting thoughts in the brain or taking them out | **Performance change**…New trouble with\_\_\_Reading or understanding complex sentences\_\_\_Speaking or understanding what others are saying \_\_\_Coordination in sports (passing ball, etc.)\_\_\_Attendance or grades**Behavior change**…\_\_\_Extreme fear for no apparent reason\_\_\_Uncharacteristic, bizarre actions, statements or beliefs­­­\_\_\_Incoherent or bizarre writing\_\_\_Extreme social withdrawal\_\_\_Decline in appearance and hygiene\_\_\_Sleep (sleep reversal, sleeping all the time, not sleeping)\_\_\_Dramatic changes in eating.**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

How long have these symptoms been present? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any relevant information about what may be going on in this person’s life at this current time (i.e. socio economic change: illness: family functioning: transitions etc.)

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