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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