

St. Lawrence County Mental Health Clinic

80 State Highway 310, Suite 1, Canton, NY 13617

Phone: 315-386-2167 Fax: 315-386-2435

Referral Form: ADULT

Referral Date:	Case #:
Name:	Date of Birth:
Address:	Age:
	Gender:
Phone:	SS#:
(Is it ok to leave a message?) Yes No	Veteran status:
Another Phone:	
(Is it ok to leave a message?) Yes No	Contact person:
Past Mental Health Treatment? Yes No If yes, Where?	Relationship:
If yes, When?	Phone:
	(Is it ok to leave a message?) Yes No
Insurance info:	Medicare: yes no
	Medicaid: yes no Number:
Employment:	

Who referred you to this clinic? Self Other:
What symptoms are you experiencing? What would you like to be different by coming for treatment?
Current suicidal thoughts: yes no Recent suicidal thoughts: yes no
Any previous suicidal attempts: yes no
Current medications: Prescribed by:
Primary care doctor:

**FOR OFFICE USE ONLY**

Date of appointment: time: with:  
Date confirmed: by:

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Difficulty sleeping?	Yes no	Appetite changes?	Yes no
Weight changes?	Loss Gain		
Anxiety?	Yes no	Panic attacks?	Yes no
Alcohol/drug usage:		Legal/court issues:	

Please describe your current problems and/or functioning:
What is going well for you right now?
Additional information:

Due to the volume of need for services, you may be required to wait for an appointment. In this time, if your symptoms or situation changes, please call the clinic and inform us.