



PROSPECT HOUSE

Clinical Referral Form

*This form must be completed by a licensed mental health professional (A MD Psychiatrist, PhD Psychologist, Licensed Clinical Social Worker, or Licensed Mental Health Counselor).

About Us

Prospect House provides Residential Crisis Support, which is a voluntary, short-term residential program for individuals who are experiencing a mental health crisis and/or are experiencing challenges in daily life that create risk for escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports. Prospect house is designed to assist potential guests in alleviating an emotional crisis that could lead to hospitalization or as a step-down option coming out of the hospital before returning home. Our house is equipped with a variety of proactive tools, both traditional and non-traditional, to help support and sustain each guest's well-being. The length of stay will be determined upon checking in, with the average stay being 5-7 days. Each guest will receive twenty-four-hour support from our program staff. Participation in the program is voluntary.

Admissions Criteria

1. Must be medically stable.
2. Has no imminent risk to the safety of themselves or others requiring a higher level of care.
3. Must live in New York State (any county).
4. Eighteen years of age or older.
5. Has the ability to self-preserve within 3 minutes.
6. Has the ability to navigate narrow stairs.
7. Has the ability to understand and sign/initial necessary registration documents (with appropriate interpreter if needed).
8. Must be willing to follow guest agreement upon entering the house.
9. Must be a voluntary registration.

Any guest meeting one or more of the following exclusionary guidelines may be denied registration at the Prospect House:

1. Requires a higher or different level of care (i.e., poses a threat to him/herself or others)
2. Is not medically stable.
3. Displays symptoms of active substance use demonstrated by physical dependence, aggressive behavior, and/or destructive behavior.

4. The individual appears to be under the influence of a substance or admits to being under the influence.
5. Is engaged in illegal activity.
6. Is a registered sex offender.
7. Has a history of fire setting and/or violent offenses.
8. Is under 18 years of age.
9. Is not willing or able to respect and follow the guest agreement during stay.
10. Is not willing to sign necessary registration documentation.
11. Does not agree to the referral.

Aggression or destructive behavior is not necessarily exclusionary. An assessment of the behavior in the context of the crisis and symptoms is necessary in the completion of the admission assessment or risk assessment.

Additionally, please note: If an individual who has been admitted to the crisis residence uses substances during their stay, program staff are expected to discuss this with the individual to understand and assess for continued stay.

Please fax this form back to Prospect House at (585) 919-2562

- Upon faxing this form back, please include information regarding your records for the potential guest, intake documentation, etc.
- If you have a mental status exam that was completed today in a different format you may attach the document and write “see attached” in the applicable section of this form.
- Please call with any questions: (585) 919-2561

Thank you.

Referral Source Information

Name of Provider Completing this form: _____

Telephone Number of Provider: _____

Provider Title and Credential: _____

As the referral source, my signature indicates the person being referred consents to this referral.

Signature of Referring Provider

Date

Identifying Information for Referred Person (Guest)

Legal Name: _____ Date of Birth: _____

Preferred Name: _____ Social Security #: _____

Pronouns: He/him/his She/her/hers They/them/theirs He/they
She/they Other: _____ Decline to Specify

Gender Identity: Female Gender Fluid or Variant Intersex Male
Non-Binary Decline to Specify Something else: _____

Referral Cell Phone: _____ Home Phone: _____

Referral's Address: _____

(Important – Please provide Prospect Staff with an avenue to contact the referred individual. If there is a concern, please have the individual contact Prospect Staff at (585) 919-2561 as soon as possible. Thank You.

Primary Language (language you speak or understand best):

English Spanish Sign Language Other: _____

Preferred Language to Receive Services In:

English Spanish Sign Language Other: _____

Race (circle all that apply):

Black or African American East Asian or Asian American
Middle Eastern or Arab American Native American or Alaskan Native
Native Hawaiian Pacific Islander
South Asian or Indian American White or Caucasian
Other: _____ Decline to Specify

Ethnicity – Are you Hispanic or Latinx? Yes No Decline to Specify

Intake Information

1. Please describe why you are referring the potential guest for respite services at Prospect House:

2. What do you believe the potential guest could benefit from working on during their stay?

3. Please provide any other information that would be helpful:

Clinician's Assessment

- A. What is currently happening with the prospective guest?

- B. What does the guest hope to see change?

- C. What is it that the guest expects from Prospect House to help them to make this change?

- D. How many days do you and the guest think the guest will need to make this change?

Mental Status Exam

1. General Appearance:

2. Psychomotor Behavior:

3. Mood and Affect:

4. Speech:

5. Cognition:

6. Thought Patterns:

7. Are any hallucinations or delusions present? If yes, please describe.

8. Other information/observations:

Pre-Registration Information

1. Mental Health/Substance Diagnoses:

2. Where does the guest live?
 - a. Is he/she able to return there?

 - b. Are there any housing related concerns? Please describe.

 - c. Are all household members safe?

 - d. How long has the guest lived there?

Health Assessment

1. Does the guest have any medical condition? Check all that apply.
 Allergies. Please specify: _____
 Diabetes
 Heart condition. Please specify: _____
 Pregnant
 Seizures or epilepsy
 Other: _____

2. Is the guest medically stable, or are they struggling with any medical concerns?
 Medically stable
 Struggling with a medical concern. Please explain: _____

3. Can the guest evacuate from a second-floor room within three minutes?

Yes No Unsure

4. Can the guest navigate a flight of stairs without assistance?

Yes No Unsure

5. Does the guest use tobacco? Yes No Unsure

If yes, are you interested in a tobacco cessation program? Yes No Unsure

Safety/Risk Self-Assessment

Suicidality

1. Is the guest currently having any thoughts of harming or killing yourself?

Yes No Unsure

2. If yes, do they have a plan? Yes No Unsure

A. If yes, what is the plan?

B. Do they have access to this plan?

C. What would be their aim in completing suicide?

3. Is the guest spending a lot of time thinking about suicide? Yes No Unsure

4. Is the guest experiencing auditory and/or visual hallucinations commanding them to harm or kill themselves?

Yes No Unsure

If yes, please describe.

5. Does the guest have a history of suicidal thoughts or attempts?

Yes No Unsure

If yes, please describe.

Homicidality

1. Is the guest currently having any thoughts of harming or killing anyone?

Yes No Unsure

A. If yes, what are the thoughts and who are the thoughts about?

B. If yes, do they have a plan? Yes No Unsure

- What is the plan?

- Do they have access to the plan?

C. What would be the guest’s aim in completing homicide?

2. Is the guest spending a lot of time thinking about completing homicide?

Yes No Unsure

3. Is the guest experiencing any auditory and/or visual hallucinations commanding them to harm/kill someone?

Yes No Unsure

If yes, please describe.

Violence/Aggression

1. Has the referred person committed violent acts towards others?

Yes No Unsure

A. If yes, what were the acts? When did they occur?

2. Does the guest have any weapons and/or other means in place to carry out any acts of violence?

Yes No Unsure

Fire Setting

Does the guest have a history of fire setting? Yes No Unsure

If yes, please describe.

Alcohol/Substance Abuse

1. Does the guest currently consume alcohol and/or other drugs? Yes No Unsure

A. If yes, what is your drug of choice?

2. Does the guest have a history of consuming alcohol/drugs? Yes No Unsure

A. If yes, what was their drug of choice?

3. In the past week, how much alcohol/drug substance has the guest used (if any)?

4. In the past week, has the guest experienced any symptoms of withdrawal from a substance?

Yes No Unsure

If yes, please describe.

Sex Offender Status

1. Is the guest a registered sex offender? Yes No Unsure

If yes, what Level? 1 2 3 Unsure

Trauma

1. Is the guest currently distressed by a traumatic event that has occurred?

A. If yes, please describe.

Clinical Assessment Completed By (Required):

 Print Name & Credentials

 Signature

 Date