

# COMMUNITY PARTNER & REFERRAL FORM



Bristol Lifestyle Recovery

Today's Date: \_\_\_\_\_ Planned Discharge Date: \_\_\_\_\_ Actual Discharge Date: \_\_\_\_\_

*If this is a referral from a Community Partner/Agency complete this section; otherwise proceed to Demographic Info*

Referral Agency: \_\_\_\_\_ By (Name): \_\_\_\_\_

Title \_\_\_\_\_ Email: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Contact number: \_\_\_\_\_

## Demographic Information on potential client:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

Do you speak and understand English? Y / N Do you need assistance with reading or writing? Y / N

Drug(s) used/abused: \_\_\_\_\_

Age of first use: \_\_\_\_\_ Date last used: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason/s for seeking recovery: \_\_\_\_\_

Are you willing to commit to a minimum of 6 months of recovery at this facility? Y/N

Expectations of recovery: \_\_\_\_\_

## Employment Information

Are you currently employed? (Y/N) \_\_\_\_\_ If "yes", Employer: \_\_\_\_\_

If employed, can you continue or return to this job upon discharge from (or during) recovery (Y/N)?

Does your employer have an SA recovery program option for employees? (Y/N) \_\_\_\_\_ If "N", job search assistance and employment is required after the first 30 days of recovery. Are you willing and able to work towards obtaining employment while at this facility? (Y/N) \_\_\_\_\_

Are you currently on Social Security Disability or have you applied for SSD? (Y/N) If yes, date of application: \_\_\_\_\_

**Legal Information:** Are there previous legal charges or convictions? (Y/N) Explain:

\_\_\_\_\_  
\_\_\_\_\_

Any pending legal charges? (Y/N) Explain:

\_\_\_\_\_  
\_\_\_\_\_

List any upcoming court dates, appointments with probation officer, or any other mandatory scheduled appointments.

\_\_\_\_\_  
\_\_\_\_\_

Registered Sex Offender? (Y/N) If "Y", list state of registration and specific charge(s): State/s: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Currently on probation? (Y/N) If yes, to what district? \_\_\_\_\_ For how long? \_\_\_\_\_

List amounts of any fines due as condition of probation being lifted. \_\_\_\_\_

Is there a history of gang involvement or violence (Documented or otherwise)? \_\_\_\_\_

Explain any serious issues involving domestic violence, restraining orders for your protection, or the protection of others, etc: \_\_\_\_\_

**Mental Health/Medical Information:**

Is there a mental health diagnosis? (Y/N)

If Yes, What are they? \_\_\_\_\_

List any suicidal/homicidal ideations/attempts, including dates, situation, method used, outcome, location of hospitalization, if applicable: \_\_\_\_\_

Any history of psychosis? (Y/N) \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Describe current mental state: \_\_\_\_\_

If the client is receiving mental health services, please attach a document providing diagnosis, medications, special needs that need to be considered.

List any other medical conditions: \_\_\_\_\_

Current medications, with dosages, frequency and reason: \_\_\_\_\_

List any special needs due to physical disability: \_\_\_\_\_

List any other known limitations to recovery: \_\_\_\_\_

**Family/Support Network**

Do you have family living in the Tri-Cities region? (Y/N)

If yes please draw a diagram representing your family tree on the back of this sheet.

Next, place labels on that diagram indicating the following:

“S” = supportive, positive contact on a regular basis

“N” = negative, non-supportive

Are you a part of a faith-based organization? (Y/N) If yes, please describe: \_\_\_\_\_

BLR is a faith-based organization and as such provides options for such involvement. Are you open to being involved In exploring such options? (Y/N)

**Next Steps:**

1) After completing this form you can email it to: [info@BristolLifestyleRecovery.org](mailto:info@BristolLifestyleRecovery.org)

2) By mail: Fairview Housing, Attention: BLR, P.O. Box 5746, Johnson City, TN 37602

**OFFICE USE:**

Date Received: \_\_\_\_\_

Digital Entry: \_\_\_\_\_

Initial Review: \_\_\_\_\_

By: \_\_\_\_\_

Notes: