ADAMHS
BOARD OF CUYAHOGA COUNTY
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

High Utilizers Referral Form

Date:

Name of Provider/Hospital:

Staff Contact:

Community Provider Name:

Presenting S & S:

Number of ER Visits within Last 12 Months:

Number of Inpatient Visits within Last 12 Months:

Client Name:

Date of Birth:

Insurance

SHARES I.D./UCI Number:

Medication	PO or IM	Compliant Y/N

Client's Baseline:

Level of Care:

Current Housing:

Identified Service Needs:	Yes	No
Pharmacological Management		
CPST		
ACT		
IDDT		
DBT		
Residential		
Respite		
CSU		
Counseling		
Peer Support		
Vocational		

Print and fax to:
ADAMHS Board
Attention: Maggie Tolbert, RN, Utilization Review Specialist
Fax: (216) 241-0805

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Print