Referral Form for the Reboot Health and Wellness Retreat

Service Member Information

Name: Date of Birth:
Gender: ☐ Male ☐ Female
Services Requested: ☐ Health & Wellness Retreat Referral ☐ Limited Use Policy Referral
CONTACT NUMBERS: Text Message ok? ☐ Yes ☐ No
EMAIL ADDRESS:

Unit Information: *Unit will not be contacted

Unit: Address:
Readiness NCO-Contact Information (phone/email):

Insurance Information: *Services for the retreat are **of no cost to the SM** –data on insurance are for post retreat planning purposes only

Type of Insurance ☐ Medicaid (county) ☐ Healthchoice ☐ BCBS ☐ Other
If no insurance-N/A-

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name	Mailing Address
Phone#	Email address
How did you hear about the Health and Wellness Retreat?	

Health Information:

Current medication & dosage	Current Diagnosis if any?
	Are you currently detoxing?
Prescribing Physician name & Phone	

Current Mental Health Symptoms:	Unknown	Not Present	Mild	Moderate	Severe

Hallucinations (describe)					
Delusions					
Thought disorder					
Bizarre (psychotic) behavior (describe below)					
Anxiety / Nervousness					
Obsessive / compulsive					
Phobias / fears					
Depressed mood					
Mood swings					
Sleep disturbance					
Irritability					
Anger / temper tantrums					
Hyperactivity /ADHD					
TBI					
Eating problems					
PTSD					
Oppositional / defiant to those in authority					
Antisocial / delinquent behavior / conduct disorder					
Over sexualized behavior					
Somatic complaints with no known medical cause					
Attachment disorder (explain below)					
Other (explain)					

Reason for referral for treatment: In your own words, describe the need for, or desire to the Reboot retreat. If you are utilizing the limited use policy for substance abuse and wish to attend the Reboot Retreat you must contact the Substance Abuse Program for a referral 504-278-8099. SM's detoxing are not eligible.

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Additional Comments _____

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