Sacramento County Access Team Service Request (1 of 3)

Instructions: List one client per form. Incomplete forms will be returned for additional information.

Phone (916) 875-1055
Adult Access Fax (916) 875-1190 Child Access Fax (916) 875-9970
Toll Free: 1-888-881-4881, Adult TTY (916) 874-8070, Child TTY: (916) 876-8892

Request type: ☐ **Adult** ☐ **Child**

Submitting Agency _____

Contact Name (Last, First) _____ , _____ Date _____

Phone _____ Fax _____ CPS Worker Code: _____

Supervisor Name _____ Phone _____ Supervisor Sign. _____

Client Last Name _____ Client First Name _____ Suffix _____

Birth Name (Last, First) _____ , _____ Gender _____

SSN _____ Date of Birth _____ Race: _____ Ethnicity _____

City of Birth _____ State _____ County _____ Country _____

Primary Language (Client) _____ Birth Mother First Name _____

Parent/Caregiver/Conservator (Last, First) _____ , _____

Relationship _____ Primary Language (Parent/Caregiver) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____

Access Use Only

CATS ID _____ **MSO ID** _____ **CIN:** _____

Medi-Cal _____ **BIC Date** _____ **Priority Status** ☐ **Urgent** ☐ **Priority** ☐ **Routine**

DSM Dx (Adult Only): Axis I (Primary): _____ Axis I (Secondary, incl. co-occuring): _____

Axis II: _____ Axis III: _____ Axis IV: _____ Axis V: _____

Funding Information ☐ **MediCal** ☐ **Medicare** ☐ **GMC** ☐ **26.5** ☐ **SAMHSA** ☐ **Realignment**

☐ **Healthy Families** ☐ **MHSA** ☐ **None** ☐ **Other** _____

Parent/Guardian/Submitting Party notified ☐ **Admit Month** _____

Reviewed By _____ **Date** _____ **Agency/Program (Pending)** _____

Linked Agency/Program/s

Reviewed By _____ **Agency/Program/s: (1)** _____

Date _____ **(2)** _____

Coordinator _____ **(3)** _____

Appt Time _____ **Appt Date** _____ **Start Date** _____ **End Date** _____

MSO Auth # **(1)** _____ **(2)** _____ **(3)** _____ **Fax** _____ **Fax Contact** _____

Print Form

Sacramento County Access Team Service Request (2 of 3)

Client Last Name _____ Client First Name _____

Risk Factors:

☐ **Current suicidal ideation** ☐ **Current homicidal ideation** ☐ **Recent or imminent discharge from a psychiatric hospital**

Current Presenting Problems/Mental Health Symptoms (Check all that apply):

☐ **Physical abuse**	☐ **Hyperactivity**	☐ **Cries excessively**	☐ **Enuresis/Encopresis**
☐ **Sexual abuse**	☐ **Grandiosity**	☐ **Defiant/Oppositional**	☐ **Does not bond**
☐ **Domestic violence**	☐ **Disorganized thoughts**	☐ **Sleep difficulties**	☐ **Tantrums**
☐ **Irritability**	☐ **Paranoia**	☐ **Appetite problems**	☐ **Anti-social behavior**
☐ **Depressed mood**	☐ **Hallucinations**	☐ **Inappropriate guilt**	☐ **Fire setting**
☐ **Poor concentration**	☐ **Delusions**	☐ **Withdrawn**	☐ **Cruelty to animals**
☐ **Euphoric**	☐ **Frequent nightmares**	☐ **Developmental Issues**	☐ **Victimizes others**
☐ **Anxiety**	☐ **Obsessive-compulsive**	☐ **Self-injurious**	☐ **Chronic pain**
			☐ **Homelessness**

Current Presenting Problems/Risk Factors Comments

Current Mental Health Diagnosis (if known): _____

Substance Use/Abuse/Treatment/History

Physician: First Name _____ Last Name _____ Phone _____

Medications/Dosage: **Prescribed By:**

1. _____ 1. _____
2. _____ 2. _____

Prior/Current Mental Health Services that pertain to the client

☐ County mental health services ☐ ResidentialTreatment ☐ MHTC Inpatient

☐ Other: _____ ☐ Consumer/peer programs ☐ Psychiatric Hospitalizations (Private)

☐ Crisis Unit/MERT

Services requested

Print Form

Sacramento County Access Team Service Request (3 of 3)

Client Last Name _____ Client First Name _____

Additional Information (e.g. cultural issues, physical health problems, APS/CPS/Probation involvement, assistance needed with ADL's, transportation issues, special education, names of schools, etc...)

Print Form