

McLean OnTrack™ Community/Clinician Referral Form

Please download this form before filling it out, and type or print clearly.
Please fax to **617.855.3820**, Attn: Meghan Doherty, LICSW

Date: _____

Patient Name: _____ Patient's contact info: _____

Address: _____

Age: _____ DOB: _____ Sex: _____ Occupation: _____

Name of person completing form: _____

Relationship to person: _____

Are you a referring clinician? Yes No

If yes, please indicate clinic/institution: _____

Phone: _____ Fax: _____ Email: _____

What is the reason for this referral?

Is the patient interested in receiving treatment at the McLean On Track Program? Yes No

Please describe patient's symptoms. Please be specific.

Date of symptom onset: _____

Has the patient been given psychiatric diagnoses? If so, please list.

Did the patient receive mental health treatment prior to the first episode of psychosis?

What kind of care has the patient received since the onset of illness?

Has the patient been psychiatrically hospitalized? If so, when, where, for what reason, and how long?

Is there any history of or current substance abuse (e.g., alcohol, marijuana, hallucinogens, stimulants, etc.)?

Has the patient ever experienced thoughts of or attempted suicide?

Has the patient ever been violent or aggressive? Has he/she ever been arrested, charged, or convicted of anything?

Does the patient have any history of trauma (e.g., physical, sexual, emotional abuse)?

What are the patient's current medications? Does he/she take them?

Does the patient have any medical problems?

Does the patient live alone, with family, or other? Please describe.

How involved are family or friends? Does the patient have other supports in the community?

Please return the completed form by fax or postal mail to:

McLean Hospital
McLean OnTrack, Attn: Meghan Doherty, LICSW
115 Mill Street, Mail Stop 343
Belmont, MA 02478
Fax: **617.855.3820**

Questions? Please email mcleanontrack@partners.org.

For staff use only:

Appropriate for the OnTrack Program? Yes No

Plan: