

# McLean OnTrack™ Patient Referral Form

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Why do you want to join this program?

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Please describe the problems or experiences for which you would like help. Please be specific.

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When did you first notice these problems?

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Have doctors, therapists, or counselors told you that you may have bipolar disorder, schizophrenia, schizoaffective disorder, or other illness?

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When was the first time you ever received treatment for mental health issues of any kind (e.g., seeing a therapist, counselor, or psychiatrist)?

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What kind of treatment have you received since the start of the experiences you describe above?

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Have you been psychiatrically hospitalized? If so, when, where, for what reason, and how long?

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Do you use any substances (e.g., alcohol, marijuana, hallucinogens, stimulants, etc.)?

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Have you ever experienced thoughts of suicide or attempted suicide?

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Have others ever been concerned about violent or aggressive behavior in you? Have you ever been arrested, charged, or convicted of anything?

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Have you experienced any traumatic events in your life (e.g., physical, sexual, emotional abuse)?

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Are there any current medications? Do you take them? Any side effects or problems with the medications?

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Do you have any medical problems?

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Do you live alone, with family, or other? Please describe.

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How involved are family or friends? Do you have other supports in the community?

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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](mailto:mcleanontrack@partners.org).

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*For staff use only:*

Appropriate for the OnTrack Program? Yes No

Plan: