

MHALA Referral

Questions? Contact Kathy Pock-Trujillo (562) 260-5198 or Sergio Armendariz (562) 544-6746

Date: _____ Individual's Name: _____

DOB: _____ Phone #: _____ SS# or Medi-cal#: _____

Address: _____

What type of help is this person seeking?

Please circle if any of the below apply to individual's current situation:

Homeless

Currently having thoughts of
hurting him/her self

On parole

Military Service

Currently having thoughts of
hurting others

History of assault or
assaultive behavior

Family with minor children

On probation

Has the person been diagnosed with a mental illness? If so, by whom and what was the diagnosis? If not diagnosed, what are the symptoms they are experiencing? _____

Has the person received outpatient mental health treatment in the past? If so, when and where? _____

Has the person been hospitalized in the last year? If so where and when?

Has the person been incarcerated in the last year? If so, where and when? What were the charges? _____

Does the person have any medical issues? Are they currently receiving treatment for those issues? If so, who is their primary medical provider? _____

Please fax completed referral to (562) 285-0135, Attn: Navigation Team