

Sacramento County Mental Health Access Team Service Request (1 of 2)

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

Request type: Adult Child **Phone (916) 875-1055** **Access Fax (916) 875-1190 , TTY (916) 874-8070**
Toll Free: 1-888-881-4881

Submitting Agency _____

Contact Name _____ Date _____
(Last, First)

Phone _____ Fax _____ CPS Worker Code: _____

Supervisor Name _____ Phone _____

Client Last Name _____ Client First Name _____ Suffix _____

Birth Name _____ Gender _____
(Last, First)

SSN _____ Date of Birth _____ Race _____ Ethnicity _____

City of Birth _____ State _____ County _____ Country _____

Primary Language _____ Birth Mother First Name _____
(Client)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Parent/ Caregiver/Conservator _____
Last, First

Relationship _____ Primary Language _____
(Parent/Caregiver)

Associated Population:

AAP- Out of County Medi-Cal	Probation	Parole	Regional Center	Homeless	Katie A
Other County Medi-Cal	AAP- Sacramento County Medi-Cal	Older Adult			

Current Medications:

Physician: First Name _____	Last Name _____	Phone _____
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Medications/Dosage:	Prescribed By:
1. _____	1. _____
2. _____	2. _____

Risk Factors:

Current Homicidal Ideation	Recent or Imminent Discharge From a Psychiatric hospital	Domestic Abuse
Homelessness	Sexual Abuse	Current Suicidal Ideation

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Presenting Problems (Check all that apply):

Anti-Social behavior

Delusions

Frequent nightmares

Paranoia

Anxiety

Depressed Mood

Grandiosity

Poor Concentration

Appetite problems

Developmental issues

Hallucinations

Self-injurious

Chronic pain

Disorganized thoughts

Hyperactivity

Sleep Difficulties

Cries excessively

Does not bond

Inappropriate Guilt

Tantrums

Cruelty to animals

Enuresis/Encopresis

Inappropriate sexual behavior

Victimizes others

Defiant/

Euphoric

Irritability

Withdrawn

Oppositional

Fire setting

Obsessive-compulsive

Comments Regarding Presenting Problems/Risk Factors

Psychiatric history /Treatment history:

Services requested:

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...)