



Jo Ann Birge Women and Children's Center

Please complete referral and submit to:

LCIWCCreferrals@lakeview-center.org

Referrals can also be made by phone at 850-892-8030

Date Referral Made:

Client Name:

Client Lakeview Number:

Client DOB:

Client SS#:

Client Address:

Client Contact Number:

Client Insurance:

Client referred by (name/phone number/Program):

Is the client aware of this referral being made?

Is client pregnant or postpartum?

Due Date or date of birth:

Prenatal care/Provider (must have prenatal care before 5 months along:

Other children under the age of 5?

Children over the age of 5?

Any Child welfare involvement?

Current substances being used, route using, last date of use, withdrawal symptoms?

Most recent date of UA if positive and the results?

Any previous residential substance treatment?

When and where? Length of stay?

Any current medical conditions? Are you being seen by a provider for conditions?

Medications currently prescribed?

Mental health diagnosis and provider:

Any history of baker acts (when and where)?

Current legal involvement (open cases/probation)?

Other agency involvement (agency, position, contact number)?

History of self-injurious behavior?

History of physical abuse?

History of verbal or sexual aggressive behavior?

History of domestic violence (perpetrator or victim)?