

Staff use:  
 Date of Referral: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_  
 Date(s) of Contact: \_\_\_\_\_  
 Date of Initial interview: \_\_\_\_\_

# McIntosh Trail Community Service Board



## ignite Referral Form

### Referral information

Referral Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program: \_\_\_\_\_ Current services: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_  
 Parental Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

How does the individual qualify for IGNITE:

- Age between 16 -30; Date of birth of client \_\_\_\_\_
- Client resides in : Butts Fayette Henry Lamar Pike Spalding Upson
- Current Diagnosis \_\_\_\_\_ Clinician \_\_\_\_\_ Date \_\_\_\_\_

Symptoms Experienced (check all that apply):

- Hallucinations: auditory, visual, tactical, olfactory
- Delusions of Reference: belief that others are taking special notice of them, talking about them, sending them messages through TV, newspaper, etc.
- Persecutory Delusions: belief that he or she is being harassed, attacked, persecuted, poisoned, conspired against.
- Grandiose Delusions: belief that he or she possess special powers or exaggerated importance
- Somatic Delusions: Belief that his or body is distorted or infected
- Thought insertion/Withdrawal/Broadcasting: Belief that thoughts or actions are under the control of external force; belief that others can hear their thoughts or read their mind.
- Disorganized speech
- Bizarre Behavior
- Withdrawal form family/friends; internal preoccupation-responding to stimuli that others cannot see or hear.
- Lack of attention to personal grooming/hygiene.

Does the person have Intellectual/Developmental Disability? Yes No

Does the person have Medical condition suspected to causing psychotic symptoms? Yes No Unknown

Does the person have a current substance abuse/use disorder? Yes No

