

REFERRAL / PRE-SCREENING FORM			
William J. McCord Adolescent Treatment Facility 910 Cook Road, Post Office Box 1166, Orangeburg, SC 29116 Phone: (803) 534-2328 ext. 118, Fax: (803) 531-8419 Web Address: www.tccada.com Email Address: kshaner@tccada.state.sc.us or lamprech@tccada.state.sc.us		Clinician	
		Client#	
		Date Assigned	
CLIENT INFORMATION			
Name		Reason for Treatment	OFFICE USE
Client's MAILING Address			ACL
(If Different from Mailing) Street Address			QST
City, State, Zip			ADD
Home Phone			DJJ
Cell Phone			BRIDGE
Date of Birth			
Age			
Social Security #			
Sex			
Race			
Marital Status		E-MAIL:	
Smoking Status		COMMUNITY SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		RESTITUTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN	MOTHER	FATHER	
Name			
Work Place and Phone			
Social Security #			
Date of Birth			
INSURANCE		PAYMENT AGREEMENT (Insurance MIN \$25.00)	
Insured's Name		Responsible Party's Name	
Insured's Mailing Address		CTRL p Social Security #	
City, State, Zip		\$ Amount per week	SELF PAY MIN \$50.00 Date
Insured's Social Security #		\$ Amount per month	
Insured's Date of Birth		\$ Amount by date	
MEDICAID INSURANCE		\$ OTHER WAY TO PAY	
CTRL m MEDICAID POLICY #		other planned way to pay	
MANAGED CARE ORGANIZATION		GROSS YEARLY FAMILY INCOME: (enter-001 if refuses)	
MCO POLICY #			
Primary Insurance Company			
Policy #			Individuals in Household
Phone #			Individuals under 18
Secondary Insurance Company		EDUCATION	
Policy #		(NUMBER ONLY) Grade	
Phone #		School Name	
EMPLOYEE AP COMPANY	EAP CLIENTS WILL BE BILLED FOR DRUG SCREENS		
EAP Company Name			
MEDICAL			
Prior Counseling/Treatment Facility		Psychiatrist or Therapist:	
Family Doctor:			
Medications (Prescription)		Drug Allergies?	
Has Client Threatened/Attempted Suicide?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is There a History of Violence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Person's Name Making Referral		Relationship:	
Agency: Name / Phone / Address			
Why Involved with DJJ?			DJJ MIS #
DSS Caseworker		Phone #:	
Why Involved with DSS?			