

# 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	CPS
Other County Medi-Cal	AAP- Sacramento County Medi-Cal		Older Adult		

**Current Medications:**

**Physician:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

**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

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

## 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Withdrawn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...)