

**When initiating a Mobile Crisis Referral via fax,
please call the Hopeline at 800-440-8074 to alert staff of a new referral.**

MOBILE CRISIS REFERRAL FORM

Date

Click here to enter a date.

Consumer Information

Name

Click here to enter text.

Phone Number

Click here to enter text.

Is the individual an Essex County resident?

Yes No Unknown

Veteran Status

Click here to enter text.

Insurance Provider (if known)

Click here to enter text.

Emergency Contact for Consumer

Click here to enter text.

Referral Information

Referral Source

Click here to enter text.

Phone Number

Click here to enter text.

Your relationship to the consumer Click here to enter text.

Address

Click here to enter text.

City, State, Zip

Click here to enter text.

Social Security Number

Click here to enter text.

Is the Consumer homeless?

Click here to enter text.

Insurance ID Number (if known)

Click here to enter text.

Relationship

Click here to enter text.

Agency/Organization/School

Click here to enter text.

Email

Click here to enter text.

Date of Birth

Click here to enter text.

Gender

Click here to enter text.

Phone Number

Click here to enter text.

What crisis is the consumer currently experiencing? Check all that apply:

Mental Health Crisis

Housing Crisis

Alcohol/Substance Use Disorder

Suicidal Thoughts

Health Insurance

Domestic Violence

History of Suicide Attempt(s)

Medication Issue

Legal Issues

Medical Crisis

Entitlement Programs

Recent MH Hospitalization

Other Psychosocial

Psychiatric Diagnoses (include name of provider if known)

Describe Below Click here to enter text.

Please describe the nature of the crisis and the items checked above:

Click here to enter text.

Symptoms the consumer is currently experiencing (hallucinations, anxiety, paranoia, etc.)

[Click here to enter text.](#)

Medical Conditions

[Click here to enter text.](#)

Suicide Risk Assessment (current ideation, plan, history of attempts, hospitalizations)

[Click here to enter text.](#)

Alcohol/Substance Use and Treatment History

[Click here to enter text.](#)

Safety Assessment (current housing situation including who lives in the home, any history of domestic violence, are firearms present in the home, pets that could be dangerous, etc.)

[Click here to enter text.](#)

Criminal Justice Status (recent arrests, pending charges, is the consumer on probation or parole)

[Click here to enter text.](#)

Additional Comments

[Click here to enter text.](#)

Does the individual agree to MHA Mobile Crisis Services?

Yes No Not sure/Maybe at a later time

Include signed Release of Information with Mobile Crisis Referral fax if available.

If a mobile crisis worker is not immediately available at the time of your referral, contact will be made within 12 hours.