



# Kitsap Recovery Center

A Program of Kitsap County Department of Personnel and Human Services

## Involuntary Commitment Referral

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_ M: \_\_\_ F: \_\_\_

Race: ( ) Asia/ Pacific Islander ( ) African-American ( ) Caucasian/White ( ) Native American ( ) Other \_\_\_\_\_

Funding Source and Income Amount: \_\_\_\_\_

SSN#: \_\_\_\_\_ Phone#: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Previous Detox Admit Dates in lifetime: \_\_\_\_\_

Previous Chemical Dependency Treatment Facilities in Life Time: \_\_\_\_\_

Alcohol and other drug use, current: \_\_\_\_\_

Alcohol and other drug use, history: \_\_\_\_\_

Psychiatric Hospitalizations: \_\_\_\_\_

Psychiatric Diagnosis (Active in services and where): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Circumstances that indicate danger to self/others or gravely disabled alcoholism or other addiction (Incarceration, DUI's, any relevant information): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature (person making referral): \_\_\_\_\_ Date: \_\_\_\_\_