AURORA SOCIAL REHABILITATION SERVICES
Referral Form-Social Rehabilitation

	Dauphin County Location ***401 Division Street*** ***Harrisburg PA 17110*** ***Phone: 717 - 232 - 6675*** ***Fax: 717 – 754-0169***	

Please Complete All Applicable Information

Client Name: _____BSU#: _____ Case Manager: _____

Case Mngr. Phone: _____Cell Phone: _____Email:_____

Requested Service: Social Rehabilitation: _____Dauphin County Individual M/H Rehab: _____

DOB: _____ Gender: _____ Primary Language: _____

Consumers Home Address/Phone: _____ Phone Number: _____

Referring Agency: _____ Address: _____

Referral Made by: Title_____ Phone: _____Cell: _____

Emergency Contact Name: _____ Phone: _____Cell: _____

Guardian Info. (If applicable): _____

Group Home: _____ Email: _____ Phone: _____

Transportation: _____ Method of Transportation: _____
(Aurora does not provide transportation. Consumer, Guardians, CRR, Personal Care, SCR, LTSR or Referring Agency Staff must provide transportation in the event of illness and or required pick-up.)

Client History (please be specific; offer details on reverse side if needed)

Primary Diagnosis: _____

Secondary Diagnosis: _____

Recent Hospitalizations: _____ Date: _____

_____ Date: _____

Incidents of Violence: _____Date: _____

_____ Date: _____

_____ Date: _____

Incidents of Incarceration: _____ Date: _____

_____ Date: _____

Client Medical Needs

Current Medications: _____

Special Medical Conditions (i.e. seizures): _____

Allergies/dietary needs: _____

History of Substance Abuse: _____

Physical Challenges/Special Accommodations: _____

Personal Information

Legally Competent: _____ Financially Competent: _____

Living Arrangements: Alone ___ CRR___ SCR___ Personal Care___ LTSR___ Other____

Marital Status: _____ Number of Children: _____

Employment History: _____

Special Interest or Hobbies: _____

Referral Goals for Client: _____

_____

_____/_____
Referrer's Signature **Date**

******Orientations are the 2nd and 4th Wednesday of each month. However, Base Service Unit, Case Managers may contact each center for an immediate Orientation. Please contact Katrina Seidel for scheduling an individual orientation.***

Contact Information:

All Referrals are to by type, encrypted and sent in a PDF file to Katrina Seidel,
Kseidel@auroraservices.org You may also fax to 717-754-0169
For all other program information please contact Katrina Seidel at 232-6675 Opt.2 Harrisburg