



Psychotherapist Referral Form

Name of Applicant _____

To the Provider: Your patient has applied to be an Apprentice at Compos Mentis: Working Toward Wellness, Inc. (composmentisithaca.org). To help us in our Admissions Process, we would appreciate your responses to the questions below, as well as any other information about this potential Apprentice that you care to share.

Please complete this form and send to:

Rebecca Schwed, Executive Director
Compos Mentis
PO Box 58
Ithaca, NY 14851

Your name _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

If you would like to receive information from us about your patient, please provide your e-mail address: _____

Most important needs? _____

Strengths? _____

Challenges? _____

Family support and their willingness to engage with Compos Mentis? _____

Risk of harm to self or others: _____

History of suicide attempts? _____

History of verbal and/or physical aggression? _____

Ability to function independently, without one-to-one supervision, in a relatively structured farm-based community of apprentices, staff and volunteers?

Alcohol and/or drug problems, past or present? _____

DSM-IV-R diagnosis: _____

Recent Hospitalization?

If yes, please include a copy of the hospital's Discharge Summary.

Prognosis? _____

Current GAF: _____

Would you like to receive feedback from us about our observations of your patient?
yes____ no____

Would you like to participate by phone in a brief clinical conference with Compos Mentis staff if it were to be scheduled in advance?

yes____ no____

Thank you for your help with our Admissions Process. If you have questions or further comments, please call.

Rebecca Schwed, Executive Director 607-229-6393
Shannon Haskins, Program Coordinator 607-229-6392