

William J. McCord Adolescent Treatment Facility

910 Cook Road, PO Box 1166

Orangeburg, SC 29116

Phone: (803) 534-2328, Fax: (803) 531-8419

Web Address: www.mccordcenter.com

Email Address: tfloyd@tccada.state.sc.us

Referral / Pre-Screening Form

Date:	March 5, 2008
Name of Referred:	
Address:	
Date of Birth:	
SS#:	
Sex:	
Parent / Legal Guardian:	
Home #:	
Work #:	
Cell #:	
Employer:	
Best time/place to call:	
Name of person making referral:	
Relation to Client:	
Telephone #:	
Fax #:	
Referring Agency / Person:	
Email Address:	
DSS Involvement:	
DSS Caseworker:	
Tel #:	
DJJ Involvement:	
Why?	
DJJ Caseworker:	
Tel #:	
County:	
Reason For Treatment:	
Medications (name & dosage):	
History of Violence?	
Threatened / Attempted Suicide?	

Prior Counseling / Treatment Facility :	
Type Tx:	Outpatient _ IOP _ Inpatient ___
Dates of Counseling / Treatment:	
Psychiatric/Mental Health Treatment:	

Insurance Information

Medicaid #:	
Insurance Company:	

School Information

Name of school currently attending or last school attended:	
Grade in school:	
Special Education:	
Please circle one:	still attending expelled suspended dropped out
Date last attended:	
Comments:	

To better assist McCord Center staff in assessing the adolescent, the following information should be faxed or mailed to **Teresa Floyd**, OP Program Assistant, (ext. 151) at the address / fax listed on the front of this document.

Most recent Clinical Assessment
R & E Reports
Court Orders

Psychiatric / Psychological Evaluations available
Copy of Medicaid / Insurance Card
Group Home Clients – “permanent” parental demographics

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Referral / Pre-Screening Form Group Home Clients (Additional)

Name of Referred:

Parent(s) Name:

Relation to Client:

Address:
(P.O. Box if used)

County:

Home # ()

Cell # ()

Other # ()
(Specify please)