



**SCREENING part B**  
*(to be completed by agency representative)*

Client's Full Name: \_\_\_\_\_

MCO Record #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Date: \_\_\_\_\_ Requested start date of services: \_\_\_\_\_

Documents supplied supporting this referral:

- Current Treatment Plan (PCP/ISP/other)     Comprehensive Clinical Assessment
- SIS/SNAP     Hospitalization History     Behavior Plan     Psychological Evaluation
- Medical History     Medication Orders/Medication Administration Record (MAR)
- School/Employment documents     Discharge Summary from referring agency
- Other \_\_\_\_\_

Screening interview was conducted on: \_\_\_\_\_ with: \_\_\_\_\_

Program visit was provided on: \_\_\_\_\_

**Can Alberta Professional Services meet this person's needs?**

Yes, and next steps for services are:

\_\_\_\_\_  
\_\_\_\_\_

No, and client was referred to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and title of agency representative completing this form

\_\_\_\_\_  
Date

<b>This forms meets these standards</b>
Authority: 10A NCAC 27G .0201(a)(6)(B)-(C) and .0206(3); CARF 2013 BH 2.B.4