



Mobile Crisis Assessment Team

MCAT Referral/Follow-up Request Form

REQUEST INFORMATION

Date: Please provide as much information as possible in order to assist this individual.

To reach the MCAT team, call 518.943.5555

Individual's Last Name: Individual's First Name: Date of Birth:

Street Address: City: State: Zip:

Primary Phone: Phone Type: Home Cell Work

Secondary Phone: (optional) Phone Type: Home Cell Work

Does the this person have a history:

Violence: Yes No

Self Harm: Yes No

Emergency Contact Information:

Last Name: First Name:

Relationship: Contact Phone Number:

Reason for Referral/Follow-up:

Mental Health Concern

Substance Use Concern

Other:

Details regarding need for wellness intervention / presenting problem:

REFERRAL INFORMATION

Referral Agency/Department: Contact Name:

Contact Email: Contact Phone:

Would you like a follow-up for this request: Yes No

Notice of Confidentiality: This message is intended for the sole use of the intended recipient and may contain confidential and/or privileged information. Any unauthorized use, disclosure, or review is prohibited. Please hold it in confidence to protect privilege and confidentiality. If you are not the intended recipient, please destroy all copies and notify the sender.

Please email completed forms to mcats@mhacg.org or fax to 518.947.6400