Last updated: 6/22/2022

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

GERIATRIC ASSESSMENT RESPONSE TEAM (GART) REFERRAL FORM

Please e-mail the completed form to:GARTOD@acgov.org
Fax to: 510-891-5625
Phone: 510-891-5600

GART ELIGIBILITY

☐ Client is 55+ years old
☐ Client has Medi-Cal, Medicare, or is uninsured
☐ Client is an Alameda County resident
☐ Client has a mental health need

Referral Date:	**Referring Agency:**
Referrer's Name & Title:	**Contact Number:**

CLIENT INFORMATION

Client Name:		**DOB:**	**Age:**
Gender:	**Pronoun:**	**SSN & PSP #:**	
Preferred Language:		**Client Phone #:**	
Insurance:		**Other Contact Information:**	
Living Situation:		**Address (if applicable):**	
Location to Meet Clinician if Houseless:		**Description of the Client if Houseless:**	

CLINICAL INFORMATION

Mental Health History (previous diagnosis, current diagnosis, previous treatment, SI/HI history, etc.):

Substance Use/History (previous use, current use, SUD treatment history, etc.):

Medical History (current and previous medical diagnosis):

Current Medications:

Reason for Referral and Linkage Needs (please include MD's assessment/H&P if available):

SAFETY SCREENING

COVID Symptoms: ☐**Yes** ☐**No**
History of Violence: ☐**Yes** ☐**No**
Access to Weapons: ☐**Yes** ☐**No**
Pets: ☐**Yes** ☐**No**

If you checked yes to any of the safety screening questions, please specify below:

Clear Form