



1001 N. 7<sup>th</sup> Avenue, S. Suite 115  
Pocatello, Idaho, 83201  
208-223-0240

**Early Serious Mental Illness (ESMI)**  
**Strength Through Active Recovery (STAR)**  
**Referral Form**

**Agency Info**

- Referring Provider: \_\_\_\_\_
- Agency: \_\_\_\_\_
- Contact Number and/or Email: \_\_\_\_\_
- Is the potential participant aware and in agreement with this referral?  Yes  No
- ROI in place?  Yes  No

**Participant Info**

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_
- The EMSI program is a specific program for individuals experiencing their first episode of psychosis or have had their first episode within the last 2 years. Please describe the first episode of psychosis (delusions, hallucinations, catatonia, paranoia, change in thinking patterns), the time frame in which it occurred (onset and course of qualifying symptoms), and if there have been any hospitalizations:

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- Please indicate whether the potential participant has cognitive deficits such as intellectual or developmental disabilities:

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- Please provide a brief psychiatric history, including relevant family/medical history:

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