Adult Mental Health Clinic - Provides counseling, groups and medication management to adults age 18 and over. Focus of treatment is living safely and productively in the community. Services are provided at The State St Health Center, 1023 State St, Schenectady. Monday – Friday 8:30am – 5pm. To make a referral please complete attached form and fax it to 518-377-9151 Attention Clinic Intake Specialist. Questions regarding referrals or the intake process should be directed to 518-243-3300. Clinic patients have the option to be co-enrolled at the clinic and PROS simultaneously. Clinic patients also have the option to receive Primary Care services on site once admitted at the clinic. *Please note that this program is only able to accept patients who live in Schenectady County.

PROS - Personalized Recovery Oriented Services (PROS) is a comprehensive mental health service that offers rehabilitation, support, and treatment services under one roof. The program offers an array of educational and skill acquisition groups geared to help consumers achieve their chosen recovery goals in the areas of work, education, relationships and living environment. The purpose of PROS is to help people take control of their lives by teaching the skills and abilities necessary to overcome barriers and effectively negotiate the challenges they face. Services are provided at The State St Health Center, 1023 State St, Schenectady. Monday – Friday from 8:30am – 5pm. To make a referral please complete the attached form and fax it to 518-377-9160 Attention PROS Intake Specialist. Questions regarding referrals or the intake process should be directed to 518-831-6960. PROS participants have the option to be co-enrolled at the clinic and PROS simultaneously. *Please note that this program in only able to accept participants who have Medicaid insurance.

Ellis Child and Adolescent Treatment Services (ECATS) - Provides counseling, family therapy, groups and medication management to children between the ages of 4.5-18. Services are provided at The McClellan St. Health Center, in the Cushing Center building, 624 McClellan St, Suite 204, Schenectady. Monday – Friday 8:30am – 5pm. To make a referral please complete attached form and Fax it to (518) 382-2292. Referring agencies should have the guardian call directly at (518) 382-2290 X 0, after the records and referral sheet have been faxed.

Ellis Medicine Crisis Services

The Living Room- An alternative to the Emergency Department for adults facing a mental health crisis. Services are provided at The State St Health Center, 1023 State St, Schenectady and are offered to individuals age 18+. It is a free service, no appointment is necessary. Services are available Monday – Friday from 10AM – 6PM. Services might include: Coping Skill Development, Stress reduction, Case Management Services and linkage to treatment, housing support and community resources. No referral needed. Guests are encouraged to come in or call 518-243-1523 for support.

Ellis Medicine Crisis Services - Crisis Services are provided to individuals of any age experiencing a psychiatric emergency in need of safety and stabilization. Assessments are conducted at the Ellis Medicine Emergency Room, 1101 Nott Street, Schenectady; 24 hours a day, 7 days a week. Staff also provides assistance and support over the telephone 24 hours a day, 7 days a week for the Schenectady County community on our Crisis Hotline at (518) 243-4000 or (518) 243-3300.

If you or a loved one are experiencing a psychiatric emergency, please call 911 or go to the nearest emergency room.
Date: ____________________

Patient Name (last, first) ____________________ Alternative Name (last, first) ____________________

DOB: ______/______/___________ SSN: XXX-XX-___________

Gender: ☐ Male ☐ Female ☐ ___________ Guardian Name (last, first) ____________________

Address ____________________ Apt # ___________ City ___________ State ___________ Zip ___________

Phone: (________)_________ - ___________ Alternative Phone: (________)_________ - ___________

Primary Language: ☐ English ☐ Spanish ☐ Other: ____________________

Insurance (check all that apply): ☐ None ☐ Charity Care ☐ Charity Care Pending ☐ Medicaid Pending

☐ Medicaid # ___________ Managed by ____________________ ☐ Medicare # ___________

☐ Other ____________________ ID # ___________ ☐ Group # ____________________

Veteran: ☐ Yes ☐ No Rereceives Social Security: ☐ Yes ☐ No If yes: ☐ SSI ☐ SSD

Released from Schenectady County Correctional Facility: ☐ Yes ☐ No

Referred by: Name ____________________ Phone: (________)_________ - ___________ ext. ______

Agency ____________________ Fax: (________)_________ - ___________

Program(s) being referred to: ☐ Adult MH Clinic ☐ PROS ☐ Co-Enrollment Clinic & PROS ☐ ECATS

Reason for referral: ____________________

Has the referral received psychiatric services in the past: ☐ Yes ☐ No

If yes, where/when: ____________________

Has the referral received substance treatment services in the past: ☐ Yes ☐ No

If yes, where/when/outcome: ____________________

Does the referral have a history of substance use: ☐ Yes ☐ No

If yes, what/last date of use/frequency: ____________________

Is the referral currently in treatment for psychiatric or substance use: ☐ Yes ☐ No

If yes, where (referral from current provider required): ____________________

Is the referral currently taking any prescribed medications: ☐ Yes *Please include medication list* ☐ No

Please list information about any history of suicidal thoughts/attempts, self-mutilation (i.e. cutting, burning), and thoughts of harm or actual harm to others: ____________________

Is the referral interested in improving any of the following areas (check all that apply):

☐ Living Situation ☐ Employment ☐ Education ☐ Relationships

PROS: Is the referral willing to attend a group-based program multiple days per week? ☐ Yes ☐ No

Signature of referral (or parent/guardian if applicable): ____________________

If you or a loved one are experiencing a psychiatric emergency, please call 911 or go to the nearest emergency room.