

**PEAS/Choice in Aging  
Intake Referral**

Fax: 707-708-0583 / Phone: 707-708-0582

[www.choiceinaging.org](http://www.choiceinaging.org) to submit online

Date	Agency	Person Referring
Phone	Email address	
Does the senior know you are referring them?	<b>Yes</b> <b>No</b>	Do you wish to remain anonymous? <b>Yes</b> <b>No</b>
How did you hear about this program:	Gatekeeper Training   Media (articles, ads, etc.)	Word of Mouth

Name	Age	DOB	Gender	LGBTQ
Phone	Address			City
Language	Eng	Span	Tagalog	Monolingual   Other
Ethnicity	Am. In.	Asian	AA	Haw/Pac.Is   Latino   Cauc   Other
Emergency Contact Name	Relationship		Phone	
Reason for Referral				
<b>Risk/Urgency Level</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>Reason</b>

\*\*\*\*\***For Office Use Only**\*\*\*\*\*

Date	PHQ2 Score	GAD 2 Score
Medicare	Medi-Cal	MediCal SOC
Other		
<b>Intake Comments:</b>	<b>CM</b> <b>BI</b>	<b>Date Opened</b>

Patient Health Questionnaire- 2 (PHQ-2) Completed By: \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More than ½ the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

Generalized Anxiety Disorder-2 (GAD-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More than ½ the Days	Nearly Every Day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Being unable to stop or control worrying	0	1	2	3