PHOENIX CENTER BEHAVIORAL HEALTH SERVICES

STAFF INITIALS:

DATE OF REFERRAL:

Referral Form for Services

Name of Client:	Date of Birth:	Age:
Gender: ❒ Male ❒ Female		Race/Ethnicity:
Home Phone: Cell Phone:	Work Phone:	Other:
Email:		
Address:		

Type of Program: Adult Mental health____ Adult Substance Abuse____ Child and Adolescent Mental Health____ Child and Adolescent Substance Abuse___

Recommended Service: (check all that apply)

❒ Individual Therapy ❒ Family Therapy ❒ BH Evaluation ❒ Substance Use
❒ Anger Mgmt ❒ Gambling Recovery ❒ Community Support Services

❒ Other: ______________________________

Service Location: ❒ Fort Valley ❒ Warner Robins

Parent, Legal Guardian, Emergency Contact Information:

Name of Parent/ Legal Guardian/Contact:		Address:
Contact Numbers:	Cell Phone:	Email:

Payment Information:

Type of Insurance: ❒ None ❒ GHPMedicaid ❒ Wellcare ❒ Amerigroup ❒ Cenpatico ❒ Other Insurance______________________________		
Group #	Insurance ID#	Phone #

Referral Source Information: Complete this section so we can contact you after the referral is made.

Referred by: self______ Hospital_____ DFCS_____ Probation_____ Parole____ School____ Other __________

Agency Name:	Mailing Address:	
Phone#	Email address:	
Contact Person /Case Manager:	Phone/ext:	Fax:

Reason for referral for treatment: Please describe the reason the person is being referred (Be Specific).

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Behavioral Health Treatment History:

Current medication & dosage	Current Diagnosis
Medical Treatment History:	Current Diagnosis

This section is to be completed by Prescribing Physician if applicable:

Physician printed name:____________________________ Phone:_____________________________

Physician Signature:_________________________________ Fax:_______________________________

Additional Comments ____

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********Please attach any previous evaluation, IEPs, labs, history, physical, and any physician notes to this form if applicable. Fax all information to 478-988-1050. We can coordinate care with your office or the client directly. *******

If you have any questions or to speak directly to our Engagement Specialist please call

478-988-1222 ext. 247