

PM FORM 3.3.1
ADHS/DBHS REFERRAL FOR BEHAVIORAL HEALTH SERVICES

I. Information on Person Making Referral

Today's Date and Time _____

Name and Title _____

Affiliated Agency _____ Phone _____ Fax _____

Type of Service Requested: One Time Consultation Ongoing Behavioral Health Services

II. Information on Person Being Referred for Services

Name _____ Date of Birth _____

SS# _____ Gender F M Primary Language _____

Address _____

City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Current location (if not above address) _____

Parent/Legal Guardian (if applicable) _____ Phone _____

Identify individual(s) that the member, parent or guardian may wish to be invited to initial appointment with person
(include phone) _____

Person/Parent/Guardian is aware of referral: No Yes Cultural and language considerations No Yes

Is an interpreter needed: No Yes If yes, specify language/need _____

Special Needs:

Mobility Assistance No Yes, identify assistance needed _____

Visual Impairment Assistance No Yes, identify assistance needed _____

Hearing Impairment Assistance No Yes, identify assistance needed _____

Developmental or Cognitive Impairment No Yes, identify assistance needed _____

Payment Source: AHCCCS ID # _____ Health Plan Name _____

Self pay Private insurance Medicare Other _____

PCP _____ Phone _____ Fax _____

Check any of the following which pertain to the person being referred:

Shows evidence of suicidal or homicidal thought or behaviors Identified need for psychotropic medications

Pregnant Woman Is currently hospitalized Was recently discharged from an inpatient setting

Has immediate medical needs Other potential risk factors, e.g., dehydrated, malnourished, homeless

Reason for Referral, including an explanation of any items checked above _____

If the person is taking medications to treat a behavioral health condition, does she/he have an adequate supply for the next 30 days?

Yes No If no, when will she/he exhaust the current supply of medications? _____

III. Information to Be Completed by Network Provider/RBHA

Individual Name: _____

Health Plan Name: _____

Individual DOB: _____

AHCCCS ID#: _____

Date / Time Received _____

Outreach Attempts:

1) **Date/Time:** _____ **Outcome:** _____ **Comments:** _____

2) **Date/Time:** _____ **Outcome:** _____ **Comments:** _____

3) **Date/Time:** _____ **Outcome:** _____ **Comments:** _____

Unable to Contact Person Being Referred

Number of outreach attempts: _____

Type of Outreach and Engagement conducted (Check all that apply)

Phone Call Number of calls _____

Face to face visit attempt Number of attempts _____

If unsuccessful, state reason why (check all that apply)

No answer to phone call(s)

Message(s) left with no response

Telephone disconnected

Person being referred already enrolled in behavioral health services

Name and contact information of the Provider that will assume primary responsible for the person's behavioral health care: _____

Person being referred refuses behavioral health services

Referral source notified of unsuccessful contact. If this box is checked, list alternate contact information obtained: _____

****IF UNABLE TO CONTACT - STOP HERE****

Type of Appointment: Immediate Urgent Routine

Available Intake Appointment Offered; specify date, time, place _____

Action Taken:

Scheduled Intake Appointment; specify date, time, place _____

Not Referred for Appointment; specify why _____

Other Disposition; explain _____

If applicable, name and contact information of the provider that will assume primary responsibility for the person's behavioral health care: _____

IV. Outcome

Intake appointment kept? Yes No If no, why? Check all that apply:

Rescheduled by provider Rescheduled by person being referred Cancelled without rescheduling by person being referred

Person being referred was a "No show" If no show, number of outreach and engagement efforts _____

Was the Assessment done on same day as Intake? Yes No If no, date assessment scheduled for: _____

******Please return form to referral source with "Action Taken" Section completed.******