



## REFERRAL FOR: IN-HOME MENTAL HEALTH SERVICES

<b>REFERENT NAME (PERSON MAKING REFERRAL):</b>	<b>REFERRAL DATE:</b>
<b>AGENCY:</b>	<b>PHONE #:</b>

CAN CLIENT CONSENT FOR SELF?  YES  NO  
 IF NO, DOES CLIENT HAVE A GUARDIAN/(D)POA?  YES  NO

GUARDIAN/POA- NAME: \_\_\_\_\_ PHONES - HOME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
 \_\_\_\_\_ WORK: \_\_\_\_\_

IS CLIENT AGREEABLE TO SERVICES?  YES  NO

<b>DEMOGRAPHICS:</b>		
NAME: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: __/__/____
ADDRESS: _____	SSN: _____	
APT # / NAME: _____	PHONE: _____	
CITY, ZIP: _____	RACE: _____	
MARITAL STATUS: <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D DEAF OR HOH? _____ DEVICE NEEDED? _____		
PRIMARY LANGUAGE: _____ NEED INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE/DIALECT: _____		
<u>EMERGENCY CONTACT NAME</u>	<u>RELATION</u>	<u>PHONE #</u>

<b>SAFETY ISSUES:</b> <input type="checkbox"/> WEAPONS <input type="checkbox"/> VIOLENCE TOWARD OTHERS <input type="checkbox"/> OTHER HOME ENVIRONMENTAL RISK
<input type="checkbox"/> NONE <input type="checkbox"/> SUICIDE RISK <input type="checkbox"/> ANIMALS <input type="checkbox"/> INFECTIOUS DISEASE?

<b>INSURANCE INFORMATION:</b>		
MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
Medicare #: _____	ProviderOne ID#: _____	I.D.#: _____

<b>PRIMARY CARE PHYSICIAN:</b>	PHONE #:	FAX #:
IS PCP ABLE/WILLING TO PRESCRIBE/MANAGE PSYCH MEDS: <input type="checkbox"/> YES <input type="checkbox"/> NO		

ANOTHER HOME HEALTH AGENCY INVOLVED?  YES  NO AGENCY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

<b>REFERRAL INFORMATION:</b>
MEDICAL DIAGNOSIS/PROBLEMS:
HOSPITALIZATIONS:
PSYCH MEDS:
MENTAL HEALTH ISSUES – REASON FOR REFERRAL:

**\*\* SEND COMPLETED FORM TO:**

**Behavioral Health**  
 12040 NE 128<sup>th</sup> Street, MS 74  
 Kirkland, WA 98034

Tel: 425.899.6300  
 Fax: 425.899.6302  
 Toll Free: 800.548.0558

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