

Prime Behavioral Health  
Referral for Behavioral Health Services

Referring Provider Name \_\_\_\_\_  
Agency \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**PATIENT DEMOGRAPHIC INFORMATION**

Patient's Name \_\_\_\_\_  
Address (incl. zip code) \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex at birth \_\_\_\_\_ Gender Identity \_\_\_\_\_  
Race \_\_\_\_\_ Marital Status  Single  Married  Divorced  Widowed  
Insurance Carrier \_\_\_\_\_ Id Number: \_\_\_\_\_  
Patients Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Contact Phone# \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
Current Type of Housing (e.g., group home): \_\_\_\_\_ Does Patient have  
a legal Guardian?  No  Yes Name of Guardian \_\_\_\_\_  
Is patient a Veteran  Yes  No

**CLINICAL INFORMATION**

Reason for Referral \_\_\_\_\_

Diagnosis (list confirmed if known, if not list suspected)

Primary Psychiatric Diagnosis \_\_\_\_\_

Secondary Psychiatric Diagnoses (including substance abuse) \_\_\_\_\_

Relevant Medical Diagnoses \_\_\_\_\_

Relevant Social Factors \_\_\_\_\_

Past Psychiatric History (hx) and Treatment (please check appropriately)

Former patient in clinic referred to?  No  Yes, details \_\_\_\_\_

Hx of violence?  No  Yes, details \_\_\_\_\_

Hx of suicide attempts?  No  Yes, details \_\_\_\_\_

Hx of psychiatric hospitalizations?  No  Yes, details \_\_\_\_\_

Previous symptoms and diagnoses \_\_\_\_\_

Current Psychiatric Treatment & History

Current Symptoms \_\_\_\_\_

Current suicidal / homicidal thoughts?  No,  Yes, details \_\_\_\_\_

Does patient have a current outpatient mental health provider?  No  Yes, details \_\_\_\_\_

Reason not returning \_\_\_\_\_

Additional Information \_\_\_\_\_

Current Psychiatric Medications (name & dose, attach list if preferred)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Referral Source** \_\_\_\_\_ **Date / Time** \_\_\_\_\_