



**Behavioral Health Referral Form –
Health First Network and MED 3000**

(*use **tab** key to navigate form)

Date: [] **Referred by:** [] **Position** **Ext:** []
Member Name: [] **ID#:** [] **Age:** [] **Plan:** [] **DSNP:** Y N

Member Enrolled in Medical Case Management or Disease Management Y N
If yes, Case Manager Name []

Reason for referral (check if applicable) *NOTE: If these program criteria are not met, and the service you are seeking is simply linkage of the member to BH providers, please contact BH Intake for referrals. Thank you.)*

- Health Risk Assessment (HRA) indicative of a positive PHQ-9 and/or positive CAGE.
- Adult with 2 or more Behavioral Health admissions in the past 12 months
- Child with 1 or more Behavioral Health admissions in the past 12 months
- Member's BH or substance abuse condition appears to be exacerbating his/her medical condition, increasing the likelihood of admission or readmission, or interferes with adherence with medical treatment plan.
- Extensive BH treatment history, Diagnosis of Schizophrenia, Bipolar Disorder, Major Depressive Disorder, Schizoaffective Disorder, or if a child/adolescent, Depressive Disorder, Oppositional Defiant Disorder, ADHD, or Bipolar Disorder and issues related to BH non-compliance and/or limited supports
- Needs linkage to a Behavioral Health provider (member appears to have a significant BH condition which has been untreated, undiagnosed, or is not being managed by a provider)

Medical Diagnosis []
PCP Name and Phone #
BH Diagnosis []
Known BH Provider Name and Phone #

****Member phone#(s)** [] **Parent Name** (if patient is a minor) []
*(**please verify current phone #)*

Presenting problem/symptoms
****Please include any screening scores—PHQ-9, Edinburgh, CAGE-AID, SF 8 or other)**

Substance use/abuse issues?
 Yes *If yes, list substance(s)* []
 No

Available supports & Living situation

Is the Member Currently in Treatment with:
 PCP
 Psychiatrist
 Home Health Provider: if so, specify whether BH Medical Contact/PH# _____
 Medical Specialist (specify specialty) []
Specialist - Name _____ Ph# _____