



portage path behavioral health
Client Referral Form

FAX FORM TO
PORTAGE PATH
AT 330-253-5466

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

OK to call and leave message

Secondary Telephone: \_\_\_\_\_

OK to call and leave message

REFERRED BY/FROM:

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

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

Mental Health Issues & Concerns Noted or Observed:

- Depression, Anxiety, Mood Swings, PTSD, Eating Disorder, Psychosis, Suicidal, OCD, Other

Other Issues or Concerns Noted or Observed:

- Substance Abuse, Legal, Housing, Financial, Marital / Relationship, Aggression, Other

Recommended Mental Health Services or Programs:

- Psychiatric, Med. / Somatic, Partial Hospitalization (ITS), Individual Psychotherapy, Brief Treatment, Anger Management, Coping Skills / DBT, Sex Offender Treatment, Dual Diagnosis / Substance Abuse, Group (specify)

Financial Information:

- Medicaid, Medicare, Self Pay, Private Insurance (specify)

Feedback Requested from Portage Path Behavioral Health Treatment Staff:

We are able to notify you of your referral's attendance at the initial Intake appointment without a Release of Information. Notification of attendance at the Intake appointment will be sent to you inside a Thank You card that we will mail to you; however, in order to communicate with you regarding this client, a valid, completed, signed Release of Information is needed.

If a valid release has been provided, and you would like treatment or follow-up information regarding this referral, please contact Bonnie Bricker, Director of Clinical Information and Records Services, at 330-253-3100, extension 242.

- Release form completed and attached, Release pending

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