



Client's Name: _____ Social Security #: _____

Address: _____ Date of Birth: _____

Telephone: _____ OK to call and leave message? YES NO

Secondary Telephone: _____ OK to call and leave message? YES NO

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