



Clinical Services Referral Form

Client Name: _____ DOB/Age: _____

Medicaid ID: _____

Date of referral: _____

Case Manager/Person making referral (and **primary contact info**): _____

Client/Team is seeking:

- Check all that apply: _____ Clinical Consultation
_____ Therapy/Treatment Services
_____ Group Therapy/Skills Groups
_____ Service Evaluation
_____ Risk Assessment (*please note if expedited is requested for added fee*)
_____ Risk Management Planning

Clients must be 18 years of age or older for referral. A completed referral does not guarantee available services. If there is no available clinician and this referral is eligible to be put on the department waitlist, the client/guardian would like to be added to the waitlist: _____ Yes _____ No

Client Profile

(Provide brief demographic information, current diagnoses, services in place at present):

Any notable police involvement or history of hospitalization?

Presenting Problem/ Needs Statement

Describe symptoms and/or behaviors of concerns (include time for onset of symptoms; date of most recent transition or triggering event; frequency and intensity)

List applicable core team members and contact information:

Guardian: (please attached full guardianship order) _____

Family: _____

Residential Vendor: _____

Day Service Vendor: _____

Behaviorist: _____

Therapist: _____

Other:

Funding Source:

Is client on HCBC Waiver?

Does the client have Medicare? Y N

Medicaid Managed Care Company and ID:

Please provide copies of Medicare, Medicaid and MCO Insurance Cards

Documentation to include with referral form:

___ Updated Med list (if applicable)

___ Service agreement

___ Current Behavior Plan, Risk Assessment, or recent Neuropsych (as applicable)

___ Full guardianship order (if applicable)

___ Signed Releases of Information for *Moore Clinical Services*

Please note that services cannot begin until funding is in place, and that a loss of funding could result in a termination in services. Please return this completed form and attachments to:

moorecenterclinicalservices@moorecenter.org and reach out with any questions