

BEHAVIORAL HEALTH CONSULTANT REFERRAL

- Patient in clinic
- Patient will return

Referral to: _____ Date: _____ Date, if known

Patient Name: _____ Medical Record #: _____

Referred by (PCP): _____ Medical Diagnosis: _____

Assessment for Referral to: HCMH Telemed Buprenorphine Program Specialty BH Care Case Management

Major Concerns: _____

-
- Depression Anxiety Psychosis Substance Abuse Smoking Cessation Weight Loss
-

BEHAVIORAL HEALTH CONSULTATION FOLLOW-UP

Date: _____ Duration of Encounter: _____ minutes

Assessment of Symptoms: _____

Diagnosis:

Severity of SX:

Patient's rating of overall symptom distress
(0-10 scale: 0=no distress; 5=moderate distress; 10=extreme distress)

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Recommendation:

- BHC for skills development 1-6 visits Case Management
- SMH for counseling services
- HCMH for psychiatric / counseling service
- Community services _____
- Group services
- Return to PCP for follow-up
- Other: _____

BHC Signature: _____

- HODC ECHC NCC MODC DNCHC Burre Smith River Orick

BEHAVIORAL HEALTH CONSULTANT REFERRAL

- Patient in clinic
- Patient will return

Date, if known

Referral to: _____ Date: _____

Patient Name: _____ Medical Record #: _____

Referred by (PCP): _____ Medical Diagnosis: _____

Assessment for Referral to: Primary BH Care Specialty BH Care Group/Class DNCMH Case Management

Major Concerns: _____

- Depression
- Anxiety
- Psychosis
- Substance Abuse
- Smoking Cessation
- Weight Loss

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Case Management

BHC Signature: _____