

From Sierra Family Medical Clinic

**SFMC REFERRAL
To Behavioral Health from Medical Clinic**

Referring Provider: _____

Date of Referral : _____

Patient's Name: _____

Phone #: _____

Gender: Male Female

Age: _____

Warm Handoff Done: Yes No

REASON FOR REFERRAL

Lifestyle Management Issues (*check all that is applicable*)

Weight Management Tobacco use Recreational/ Illicit Drug Use

Stress Management Alcohol use Insomnia

Other _____

Behavioral Management Issues (*check all that is applicable*)

Depression and Anxiety Depression only Anxiety only

Marital Relationship Bipolar

Other _____

Comments: _____

Patient Referral

If not seen today visit with BHC scheduled? Yes No Date scheduled: _____

FOR BEHAVIORAL HEALTH COUNSELOR

Date seen at BHC _____

Patient did not show up

BHC Initials _____

Patient not seen for other reasons