



NPI# 1891521282

www.richhealth.net

## Referral Form/Informed Consent/Release of Information

### Referring Support Coordinator:

<b>Name:</b>	
<b>County Service Board:</b>	
<b>Best Contact #:</b>	
<b>SC Email:</b>	

### Focus Person Information:

<b>Name:</b>	
<b>Medicaid #:</b>	
<b>Diagnosis:</b>	
<b>Date of Brith:</b>	
<b>Gender:</b>	

**Is there a Legal Guardian or Authorized Decision-Maker?** ☐ Yes ☐ No

If **Yes**, complete below:

<b>Name of Guardian or Authorized Rep:</b>	
<b>Signature of Guardian/Authorized Rep:</b>	
<b>Relationship to Client:</b>	
<b>Date:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

Rich Health Solutions Inc  
referrals@richhealth.net  
757.818.0293

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**Waiver Type** (Check One): ☐ CL ☐ FIS

**Living Situation:** ☐ Family ☐ Group ☐ Sponsored ☐ Independent

<b>Address:</b>	
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**Main Contact for Scheduling:**

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Email Address:</b>	

**Therapy Services Requested:**

- ☐ Occupational Therapy (OT) ☐ Physical Therapy (PT)
- ☐ Speech Therapy (SLP) ☐ Recreational Therapy (RT) ☐ Behavior Analysis (BCBA)

**Reason for Referral:**

**ADLs:**

- ☐ Bathing/Showering ☐ Dressing ☐ Feeding
- ☐ Toileting ☐ Transfers ☐ Grooming ☐ Hygiene

**IADLs:**

- ☐ Meal Prep ☐ Housekeeping ☐ Money Management
- ☐ Shopping ☐ Communication Devices

**Cognition/Executive Functioning:**

- ☐ Problem Solving ☐ Safety Awareness ☐ Decision Making
- ☐ Functional Communication

**Speech & Language:**

- ☐ Expressive ☐ Receptive ☐ AAC Device
- ☐ Speech Articulation ☐ Feeding ☐ Fluency

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**Physical Needs:**

- ☐ Mobility   ☐ Balance   ☐ Strength  
☐ Pain Management   ☐ Assistive Tech   ☐ Durable Medical Equipment

**Sensory:**

- ☐ Sensory Processing (over/under-responsive to input, sensory seeking/avoiding)  
☐ Self-Regulation Strategies (visuals, calming tools, routines)  
☐ Social Participation (difficulty joining play/groups due to sensory challenges)

**Behavior/Emotional:**

- ☐ Coping Skills (managing stress, frustration, transitions)  
☐ Emotional Outbursts (tantrums, aggression, dysregulation)  
☐ Self-Injurious Behaviors (hitting self, head banging, biting, etc.)

**Informed Consent and Available Services:**

At Rich Health Solutions Inc., we believe every individual and their family has the right to make informed choices about their care. Under Virginia's Developmental Disability (DD) Waivers, individuals have the right to select their providers for therapeutic consultation services. We offer Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (SLP), and Recreation Therapy (RT) consultation services for both children and adults. Our services are indirect in nature and designed to support caregivers—including parents, guardians, and support providers—in effectively implementing the Individual Support Plan (ISP). This includes assessment, training, environmental adaptations, and ongoing consultation tailored to each individual's needs. We are committed to collaborating respectfully with your team and supporting your right to choose the providers and services that best meet your goals.

**Informed Consent Confirmation:**

I acknowledge that I chose Rich Health Solutions Inc. as my provider of therapeutic consultation services under the DD Waiver. I understand I have the right to select from qualified providers, and that Rich Health Solutions offers OT, PT, SLP, and/or RT consults as outlined in the ISP.

<b>Focus Person/Guardian Signature:</b>	
<b>Date:</b>	

This consent is valid unless revoked in writing by the individual or their authorized representative.

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### Telemedicine Consent:

I understand that Rich Health Solutions may deliver some services using telemedicine (phone or video) when appropriate. I consent to the use of telemedicine for my services, provided it is determined to be an appropriate method of support by my provider and care team. I acknowledge that telemedicine services will be delivered in accordance with HIPAA and DD Waiver guidelines, and I may withdraw this consent at any time.

<b>Focus Person/Guardian Signature:</b>	
<b>Date:</b>	

This consent is valid unless revoked in writing by the individual or their authorized representative.

### Release of Information:

Rich Health Solutions team (Administrators and any providers designated on the ISP) are hereby authorized to exchange health information to provide Therapeutic Consultation Service on behalf of:

<b>Focus Person Name:</b>	
<b>Focus Person Signature/Guardian Signature (if applicable):</b>	
<b>Date:</b>	

This consent is valid unless revoked in writing by the individual or their authorized representative.

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