Phone 413-657-1917
Fax 413-301-8205
referrals@RiseBHS.com

BEHAVIORAL HEALTH CLINICAL SERVICES REFERRAL

REFERRAL SOURCE

Date of Referral:		Service:	☐ ABA ☐ IHBS ☐ IHT
Referring Provider Name:		Agency:	
Contact Phone:		Fax:	

CLIENT DEMOGRAPHIC INFORMATION

Name:		Preferred Language:	
Street and City:		State and Zip:	
Date of Birth:		Sex:	
Insurance(s):		Member ID#(s):	
Parent/Guardian Name:		Relation to Client:	
Parent/Guardian Phone:		Parent/Guardian language:	
Legal Guardian Name:		Legal Guardian Phone:	
Primary Care Physician:		Clinic Name:	
Clinic Phone:		Clinic Fax:	

CLINICAL INFORMATION

Reason for referral:	
Diagnosis:	
Secondary Diagnosis:	
Other Relevant Medical/ Physical Diagnoses	

PAST PSYCHIATRIC HISTORY

	CIRCLE RESPONSE		PROVIDE DETAIL IF APPLICAPLE
Former patient in clinic referred to?	Yes	No	
Hx of aggression?	Yes	No	
Hx of suicide attempts?	Yes	No	
Hx of psychiatric hospitalizations?	Yes	No	
Previous symptoms and diagnoses:			

BEHAVIORS OF CONCERN

☐ Aggression	☐ Self-injury	☐ Non-compliance	☐ School refusal	☐ Elopement
Other (list any concerning skill deficits including social/emotional and behavioral) :				

CURRENT TREATMENT

Does the client currently have an outpatient or in-home mental health provider? If yes, please provide the details requested below.

Provider Name:		Agency:		Contact Phone:	
Provider Name:		Agency:		Contact Phone:	
Provider Name:		Agency:		Contact Phone:	
Provider Name:		Agency:		Contact Phone:	

CURRENT MEDICATIONS

If the client is currently taking any medications, please provide the details requested below. If preferable, please attach a separate list.

Name:		Dose:		Frequency:	
Name:		Dose:		Frequency:	
Name:		Dose:		Frequency:	
Name:		Dose:		Frequency:	

Please include a copy of the following with the referral:

1. IEP (if applicable)
2. Diagnostic Evaluation
3. Most recent physical from the client's PCP

Signature of Referral Source ______________________________ Date / Time ____________________

Fax referrals to 413-301-8205 or via secure email to Referrals@RiseBHS.com