**Mountaineer Mental Health, LLC**

285 W Birch Ln, Romney, WV 26757

Phone: (304) 359-2380 Fax: (304) 359-2393

[www.mmhwv.com](http://www.mmhwv.com)

 **Referral Form** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name DOB Age Gender Marital Status

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Legal Representative (Parent/Guardian if Minor) Relationship Email Address

If referral is under 18, legal representative must be notified of referral and provide documentation to support guardianship status.

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Address City State Zip

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Home Phone Cell Phone Email address if over 18

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Medicaid # / MCO / Commercial Ins # / Carrier Non-Medicaid School Funded (yes/no)

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Referred by Contact#

Summarized Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Safety Considerations (Indicate all current safety / risk factors present if known)

\_\_\_\_\_Self/Other Harm \_\_\_\_Substance Abuse \_\_\_\_Abuse/Neglect \_\_\_\_Weapons/Violence \_\_\_\_Hallucinations

Preferred Service Location: \_\_\_\_MMH Office \_\_\_\_School \_\_\_\_Home \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest and consideration in making this referral. We appreciate the opportunity to support and serve the needs in our communities. Someone from our office will follow up to review and discuss the status of this referral.