MOUNTAINEER MENTAL HEALTH, LLC
285 W Birch Ln, Romney, WV 26757
Phone: (304) 359-2380 Fax: (304) 359-2393
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Referral Form

Name: _____ Date: _____
First Middle Last

_____
DOB Age Gender School Grade Marital Status

_____
Legal Representative (Parent/Guardian if Minor) Relationship

If referral is under 18, legal representative must be notified of referral, provide documentation to support guardianship status and sign admission releases & consents for treatment participation.

_____
Address City State Zip

_____
Home Phone Cell Phone Email/Other Contact

_____
Medicaid / Insurance ID# MCO / Carrier

_____
Referred by Contact#

Summarized Reason for Referral: _____

_____

_____

_____

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

____Self/Other Harm____Substance Abuse____Abuse/Neglect____Weapons/Violence____Hallucinations

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.