

MOUNTAINEER MENTAL HEALTH, LLC

285 W Birch Ln, Romney, WV 26757
Phone: (304) 359-2380 Fax: (304) 359-2393
www.mmhww.com

Referral Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_
First Middle Last

Medicaid / Insurance ID# Referred by Contact Number

Address City State Zip

Contact Number(s) Email Consent to receive auto appt text / email alerts? Y or N

School Grade IEP Y or N

Legal Representative (Parent/Guardian if Minor) Relationship

Emergency Contact Name Contact Number Relationship

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

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

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

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

Prescribed Meds: Y or N Primary Care/Med Prescriber Name: \_\_\_\_\_

Current/Former Counseling: Y or N If Y, current other Provider Name: \_\_\_\_\_

Availability/Preferred Service Location (Home, School, MMH Office, Telehealth) \_\_\_\_\_

Availability/Preferred Service Provider (Male, Female) \_\_\_\_\_

Schedule Need/Availability/Limitations: \_\_\_\_\_

MMH admits and provides services to all persons equally based on medical necessity for service eligibility and the availability of appropriately trained/experienced clinician regardless of client's race, color, religion, national origin, sex, age, disability or any other protected status.