

Referral Form
FAX: 540-777-2792

Date	
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Referring Agency/ Person		Telephone	
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Individual's Name		Date of Birth	
Street Address, City, State, Zip			
Telephone		Gender ID/ Pronouns	

Authorized Legal Representative (ALR)		Primary Care Physician	
ALR's Street Address, City, State, Zip		Street Address, City, State, Zip	
ALR's Telephone		Telephone	

DIAGNOSIS INFORMATION:

ICD Mental Health Diagnosis:	1)	2)
Presenting Needs (check all that apply)		
Psychiatric		
Medical Problems		
Substance Use		
History of Medical Care		
Other:		

<p>Has the individual ever been hospitalized for psychiatric reasons? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, when and where was the most recent hospitalization? _____</p>
<p>Is the individual currently taking prescribed medication for their mental health diagnosis? Check One <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REQUESTED SERVICES (check all that apply):

Outpatient Crisis Services	
Mental Health Skill-building Services	
Psychosocial Rehabilitation Services	
Outpatient Mental Health Counseling	
Substance Use Intensive Outpatient Program (IOP)	See Page 2

LOCATION OF REQUESTED SERVICES	
Roanoke	
Abingdon & Surrounding Areas	
Danville/Martinsville/South Boston	
Lynchburg/Harrisonburg/Staunton	
OTHER:	

INSURANCE INFORMATION:

	Name	Number
Case Manager Name/Telephone, if applicable		
Insurance (Medicaid MCO or FFS) & Medicaid #		

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SUBSTANCE USE SERVICES

Past Substance Use Treatment:

Dates	Facility/Agency	Type of Treatment (OP/IP)

Is the client currently enrolled in a Medicated Assisted Treatment (MAT) Program? If so, start date and provider name?

Does the client have current legal issues or upcoming court dates? If so, please explain. (If on probation please list agency/district and probation officer):

Does the client have reliable transportation? Check One: Yes No

When is the client planning to begin treatment? _____

NHSS SERVICES OFFICE LOCATIONS

NHSS, LLC - Roanoke
1301 Peters Creek Rd. NW.
Roanoke, VA 24017
(T) 540-904-6799
(F) 540-904-6369

NHSS Substance Recovery Program
1301 Peters Creek Rd. NW.
Roanoke, VA 24017
(T) 540-904-6799 x 306
(F) 540-491-9548

NHSS, LLC - Danville
2725 Franklin Turnpike, Ste. A.
Danville, VA 24540
(T) 434-836-2006
(F) 434-836-2226

NHSS, LLC - Abingdon
966 W. Main St., Ste. C.
Abingdon, VA 24210
(T) 276-739-0004
(F) 276-739-0009

NHSS, LLC - Lynchburg
2250 Murrell Rd., Ste. D.
Lynchburg, VA 24501
(T) 434-528-2750
(F) 434-528-2751