NHSS
New Hope Support Services

P. O. Box 13894
Roanoke, Virginia 24038-3894
(540)777-2777) (T)
(540)777-2792 (F)
www.newhopesupportservices.com

Referral Form

FAX: 540-777-2792

Date	

Referring Agency/ Person		Telephone	

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		☐
Current Medications		☐
History of Medical Care		☐
Other:		

Has the individual ever been hospitalized for psychiatric reasons?

Check One: ☐ **Yes** ☐ **No**

If so, when and where was the most recent hospitalization?

_____

Is the individual currently taking prescribed medication for their mental health diagnosis?

Check One: ☐ **Yes** ☐ **No**

REQUESTED SERVICES (check all that apply)

Outpatient Crisis Services	☐
Mental Health Skill-building Services	☐
Psychosocial Rehabilitation Services	☐
Outpatient Mental Health Counseling	☐
Other:	

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 #		