



MIND MELD PSYCHOTHERAPY
PLLC

Healthy is for everyone

Behavioral Health Referral Form

This form is ONLY for

- Outpatient provider use
- Behavioral health conditions
- Initiation of new services

Do NOT use this form for

- **Psychiatric emergencies:** either call call 9-1-1, or contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) VCU Medical Center Emergency Room at Critical Care Hospital (804) 828-9000
- **Psychiatric hospital discharges:** call (804) 315-9380.

If you have NOT discussed a referral with your patient or if they are NOT interested in services, STOP and go to page 2

If you are behavioral health provider embedded in a PCP clinic please use this form if a member needs treatment beyond what you have provided

PATIENT INFORMATION

Name and pronoun _____ Date of birth: _____

Gender _____ Ethnicity: _____ SS# _____ - _____ - _____

Phone number: _____ Email: _____

Name of Parent/Guardian/Responsible party (if applicable) _____

Type of Insurance: Aetna/Blue Cross Blue Shield Centene Cigna Magellan Optum Tricare Other

Member is motivated for treatment — If NO STOP and review the instructions on page 2

Is the patient expecting a call regarding these services?

Maternal mental health — pregnant and/or six months post-partum

Current thoughts of harming themselves or others — If no safety plan can be put in place, consider need to call 9-1-1

SERVICE REQUESTED

Psychiatric medication
evaluation

Mental health
therapy

Substance use
treatment

Psychological testing: *please discuss with
primary care provider (PCP) before referring*

ASSESSMENT OF NEED

Attach any recent relevant clinical notes

	List relevant issues (ex: diagnosis, treatment, medication, service provider name and contact)
Mental health	
Medical	
Social factors e.g., homelessness, domestic violence, etc.	

Level of impairment caused by a mental health symptoms. Select ONE that applies to your assessment of members functioning:

Can still complete all social, occupational tasks, and ADLs. However, having more difficulty with completion due to mental health symptoms. Job or school functions impacted slightly.

Can complete many social and occupational tasks and ADLs but having difficulty completing consistently. May have absenteeism at work or school that is negatively impacting performance and/or placing status at risk.

Ability to complete social and occupational tasks and ADLs is significantly impaired. Inability to maintain a job or passing grades in school. Preoccupation with negative or intrusive thoughts.

No information available

REFERRED BY

Name and provider type: _____

Phone number: _____ Clinic/office/agency name: _____

How to refer a patient for Behavioral Health Services at MMP

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- **Psychiatric hospital discharges:** call the **(804) 409-7525**

Members can self-refer for mental health or substance use treatment at any time by calling **(804) 409-7525**.

As their provider, you play a critical role in helping them identify when they may benefit from additional treatment.

Instructions for mental health and substance use treatment referrals:

1. Assess each patient regularly for mental health and substance use issues, paying special attention to people in high-risk groups.
2. Discuss your recommendation for mental health or substance use treatment with the patient, including enlisting their existing supports or services.
3. Assess the patient's interest in receiving a referral for an initial assessment with a mental health or substance use provider. If a patient is not ready to be referred to or start treatment, inform them they can self-refer by calling the MMP front desk **(804) 409-7525**.
4. When a patient is ready to start behavioral health services, fill out the Behavioral Health Referral Form. Upload any recent relevant clinical notes.
5. Once MMP receives your referral, we will screen and refer the patient to the appropriate pathway for requested services.

- Visiting our website at: mindmeldpsychotherapy.com
- Calling: **(804) 409-7525**
- Emailing: admin@mindmeldpsychotherapy.com