HealthPlan OF SAN MATEO
Healthy is for everyone

# PCP Referral Form

## for Behavioral Health and Recovery Services

Use this form only for behavioral health conditions. Do not use for emergencies.
For emergencies, call **Psychiatric Emergency Services** at **650-573-2662**.
Fax this form to BHRS Call Center at 650-596-8065.

## PATIENT INFORMATION

Members name: ______________________________

DOB: ____________ Member ID#: ____________ Language: ____________

Phone: ____________ Responsible party: ______________________________

Street address: ____________________ City, State Zip: ____________________

Is patient aware of referral? Yes No

Maternal mental health referral? Yes No

## REFERRED BY

Name: ____________________ Clinic or office: ____________________

Phone: ____________ Fax: ____________ Best time to call: ____________

May we call you about this referral? Yes No

Brief description of problem:

Current medications: ______________________________

Positive screen

- Depression/PHQ
  - ↳ Score: _______
- Anxiety/GAD
  - ↳ Score: _______
- Alcohol Use/AUDIT-C
  - ↳ Score: _______
- ASQ/M-CHAT
- Drug Use
- Violence

Service requested: Consult Medication evaluation Behavioral therapy Autism/ABA

## DISPOSITION *Section below for BHRS staff only*

Referred to Therapist

Referral date:

Therapist name:

Therapist phone:

Appt. date:

Referred to MD

Referral date:

MD name:

MD phone:

Appt. date:

Crisis Referral Referral date:

Facility/Service name:

After completing this section, fax this form back to the referring physician at the fax number above.

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