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CENTER FOR HOPE
Advancing hope, healing and resilience

MENTAL HEALTH PROGRAM REFERRAL FORM

Please complete and email to Mental Health Program E-Mail: cfh_mentalhealth@lifebridgehealth.org

Date of Referral:

Referring Provider

Name:

Agency:

Main phone number:

Email:

CLIENT DEMOGRAPHIC INFORMATION

***Please complete the caregiver section for individuals under the age of 18**

Individuals/Youth Referred for Therapeutic Treatment:

Legal Name:

Individual/ Youth Phone number (*required):

Can the program send appointment reminders via text or voicemail? Yes ☑ No ☐

Individual/ Youth Phone Email (*required):

Can the program send appointment reminders via email? Yes ☑ No ☐

Permanent address: (incl. Zip code):

Physical address: (incl. Zip code), skip if same as Permanent Address:

Type of Housing (e.g., private, group home, etc.):

Date of Birth: Age:

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Sex at birth: Gender Identity:

Relationship Status: Single

Employment Status: Full-time Student

Race & Ethnicity:

Preferred Language:

Language Translation Needed? No ☑ Yes ☐

Potential Transportation Issues? No ☑ Yes ☐ If Yes, Explain

CAREGIVER INFORMATION

***Required if referral is for individuals under the age of 18**

Legal Guardian's Name:

Legal Guardian's Phone number (*required):

Can the program send appointment reminders via text or voicemail? Yes ☑ No ☐

Legal Guardian's Phone Email (*required):

Can the program send appointment reminders via email? Yes ☑ No ☐

Legal Guardian's Permanent Address, skip if same as minor:

Legal Guardian's Physical Address, skip if same as minor; write "same" if same as permanent address:

Type of Housing, skip if same as minor's (e.g., private, group home, etc.):

Legal Guardian's Date of Birth: Age:

Potential Transportation Issues? No ☑ Yes ☐ If Yes, Explain

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Preferred Language:

Language Translation Needed? Yes ☐ No ☑

CLINICAL INFORMATION

Reason for Referral ***REQUIRED***

Please describe reasons individual is interested in mental health treatment (behavior, etc).

FOR MHP STAFF USE ONLY:

Date Referral Received:

Collaborate ID:

Additional information collected: