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Omaha, NE 68105



Phone: 402-871-9979
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Mental Health Services Referral Form

Thank you for your referral. Our agency will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client. We will contact the client to schedule an appointment.

Referral Date: _____	Referral Contact Phone: _____	Referral Fax: _____
Referral Source (Name and Agency) _____		
Referral Address: _____		

Client Name: _____	Date of Birth: _____	Gender: _____
Ethnicity: _____	SS# _____	Medicaid #: _____
Residing with (name and relationship): _____		
Address: _____		
Contact Home Phone: _____	Contact Alternate Phone: _____	
Other Important Contact Information (e.g., biological family): _____		
Other Important Phone Numbers: _____		

Presenting Concerns/Comments (attach additional sheets as necessary): _____ _____	
Diagnosis (if known): _____	
Referral Services Requested (check all that apply):	
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Support Work
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Supervised Visitation
<input type="checkbox"/> Chemical Dependency Evaluation	<input type="checkbox"/> Parent Education
	<input type="checkbox"/> Mental Status Exam
	<input type="checkbox"/> Chemical Dependency Services
	<input type="checkbox"/> Psychological Evaluation
	<input type="checkbox"/> Pre-Treatment Assessment
	<input type="checkbox"/> Parenting/Bonding Assessment
Location of Services Requested:	
<input type="checkbox"/> In Home	<input type="checkbox"/> In Office
<input type="checkbox"/> Either Location	<input type="checkbox"/> Other Location: _____

Type of Insurance:			
<input type="checkbox"/> Magellan	<input type="checkbox"/> Straight Medicaid	<input type="checkbox"/> None (provider service referral needed)	<input type="checkbox"/> Cigna
<input type="checkbox"/> Self-Pay/ Sliding Fee Scale	<input type="checkbox"/> Medicare (A or B)	<input type="checkbox"/> United Behavioral Health	<input type="checkbox"/> Midlands Choice
<input type="checkbox"/> Aetna	<input type="checkbox"/> Mutual of Omaha	<input type="checkbox"/> Blue Cross/Blue Shield	<input type="checkbox"/> Other: _____
Policy #: _____ Group #: _____ Phone #: _____			

"We strive to improve the quality of life for individuals and families by helping them find acceptance, guidance, and hope while providing the best community service possible."