



300 Main Street # 201 Grand Junction, CO 81501 Phone 970-549-1182 Fax 970-549-1400

## REFERRAL FOR MENTAL HEALTH SERVICES

### Patient Information

Name		Date of Birth		Age	
Name of Guardian Patient is a Minor					
Phone #		Cell #		Other	
Medicaid _____ Yes _____ No _____		Private Ins			

### Referral Source Information

Referring Agency		Date of Referral	
Your Name		Physician Name	
Phone #		Fax #	
Release Signed _____ Yes _____ No			

### Reason For Referral

Brief Summary Describing Reason for Referral


Mental Health Diagnosis:

--

### For Internal Use Only

Date Referral Received		Assigned to:	
Outreach Attempt	Date	Time	Left Msg _____ Declined Referral _____
Scheduled Intake	Date	Time	
Additional Comments			

**Fax Referral to 970-549-1400**