

Client Name: _____

Client Key Number: _____

MERIDIAN - Live Oak office Referral Form Email to: natasha.klein@mbhci.org; and

tylyn.stansel@suwannee.k12.fl.us

Behavioral Healthcare, Inc.
HOPE*RECOVERY*WELLNESS

Admin/Guidance Signature: _____ Date: _____

Date of Referral: _____ Name of Person Referring: _____

Relationship to Referral: _____ Contact # of Person Referring: _____

Last Name of Referral: _____ First Name of Referral: _____ Middle Initial: _____

Date of Birth: _____ SS#: _____ Race/Ethnicity: _____

Parent/Guardian: _____ Family Size: _____ Monthly/Annual Income: _____

Home Address: _____

Phone #1: _____ Phone #2: _____ Okay to Leave Message: Yes No

Parent signature acknowledges parent is aware that a referral to Meridian Behavioral Healthcare has taken place and gives permission for Meridian Behavioral Healthcare to call.

Current Medications (if known): _____

Payment Source: _____ Insurance/Medicaid/Contract - Name of Carrier: _____

ID/Policy/Contract #: _____ Group #: _____

Name of Primary Policy Holder: _____ Relationship to Referral: _____

Primary Policy Holder's Date of Birth: _____ Primary Policy Holder's SS#: _____

School Attending: _____ Current Grade: _____ School Placements: ESE Sp. Prog. _____

Other, Please List: _____

Current or Past Involvement with: School Counselor Court DCF/Partnership - Worker's Name: _____

CSU/Residential Placement Other None/Unknown

Give Details if Aware: _____

Reason for Referral: _____

Please Identify Any of the Following Risk Behaviors Observed or Known in the Last 60 Days:

Suicidal Thoughts Suicidal Thoughts with Plan Suicide Attempt History of Suicide Attempts

Threats to Harm Others Plan to Harm Others Self-Harm Violent Behavior

Destruction of Property Substance Use Changes in Mood Increased Absences/Tardiness

Withdrawing from Peer Group/Social Activities Other - Describe: _____

Provide Any Additional Comments to the above: _____

FOR MERIDIAN CLINICIAN FOLLOW-UP ONLY

Follow-up Date: _____ Disposition: _____

Client Name: _____

Client Key Number: _____

Comments: _____
