# Metropolitan Mental Health Clinic, Inc.

□□ **Prince George's County** □□ **Anne Arundel County**

## REFERRAL FORM

**Date: _____________ Referral Taken by (MMHC Staff Name):______________________________**

**Referral Source:___________________________________ Agency:_____________________________**

**Address:________________________________ City:_________________ State _______ Zip:________**

**Phone:_________________ Fax: ____________________**

**Social Worker: _____________________________ Phone:_________________ Fax: ________________**

**Client's Name: ____________________________________ DOB: ____________ Age: ___________**

**Sex: _____ Race: ________________________________ Marital Status: ________________________**

**Address: _________________________________ City: _______________ State:_______ Zip: _________**

**Home Phone #:___________________ Cell #: _________________ Work Phone #: ________________**

**MA#: ______________________________ SSN: _________________________________**

**Iraq War Veteran: ________ Afghanistan War Veteran: _______ Veteran: _________**

**Have client ever received service from MMHC in the past? _______ If so, when __________________**

**Does client have reliable transportation? _________ If so, specify type: __________________________**

**Care Taker: ______________________________ Relationship to Client: _________________________**

**Are you the legal guardian of this person? _______. If yes, do you have legal documentation? ________.**

**Daytime #: ______________________**

**Alternate Contact Name: _________________________________ Phone#: ___________________________**

**PROGRAM REQUESTED ( ) PRP ( ) OMHC ( ) BTS**

**Reason for Referral:**

**Present Substance Abuse Issues:**

**Authorization Information (Office Use Only)**

**Med ID Client#: _____________________________**

**Authorization #: _____________________________ Service Dates: ________________**

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**Authorization #: _____________________________ Service Dates: ________________**

**PLEASE REQUEST THE FOLLOWING:**

1) Copy of Legal Documentation
2) Copy of most recent Physical Exam
3) Copy of updated Immunization Record
4) Copy of Psychological or Psychiatric Evaluations

**Rev: 4/2010**