Mental Health Association, Inc.
BestLife Clinic Referral Form

____COUNSELING _____MEDICATION REVIEW APPT (PSYCHIATRY)

____RECOVERY COACH _____RECOVERY SUPPORT NAVIGATOR

Referral Source:	Contact Person:
Contact Telephone: Contact Fax:	Contact Email Address:
Anticipated Date of Release:	Requested Date of Admission:
Name:	Other names:
Date of Birth: / /	Social Security Number: - -
Race:	Ethnicity:
Housing Status: ❑ Secure ❑ Planned ❑ Unknown	
Address*(Street)*:	*(City, State, Zip Code)*
Telephone Number:	
Emergency Contact Name & Relationship:	
Emergency Contact Address and Telephone Number:	
Allergies:	
Primary concerns of individual being referred *(i.e. sadness, anxiety, depression, alcohol or substance use)*:	
Primary Care Provider:	Practice:
Telephone:	Date of Last Visit: / /
Insurance Carrier:	**Insurance Number:**
Employer:	
Subscriber Name:	Relationship to Subscriber:
Subscriber Date of Birth:	Subscriber Address:
Secondary Insurance Carrier:	**Secondary Insurance Number:**
Employer:	
Subscriber Name:	Relationship to Subscriber:
Subscriber Date of Birth:	Subscriber Address:

Mental Health Association, Inc.
BestLife Clinic Referral Form

____COUNSELING _____MEDICATION REVIEW APPT (PSYCHIATRY)

____RECOVERY COACH _____RECOVERY SUPPORT NAVIGATOR

The additional information **may be requested**, given referral source and current placement of individual. Any questions in these regards can be directed to the Clinic Director of BestLife @ 1-844-MHA-WELL

Ancillary information:

□ Biopsychosocial Assessment

□ Legal documentation, e.g. Guardianship documentation, Roger's Order

□ Current medication list

******Please feel free to submit this referral by any of these options listed below:**

1. Scan / email to: bestlife@mhainc.org
2. If you have any questions or need any assistance in completion of this referral please phone the main line at 1-844-MHA-WELL. You will be connected with our Central Intake Coordinator who will be helpful in scheduling and answering any questions that you may have about our referral process.

Thank you so much for this referral!