Blue Ridge Health - Behavioral Health Referral Form

Please submit all referrals to the Blue Ridge Health referral team at bh**referrals@brchs.com**.
Please be sure to include the evaluation and the three most recent office visits with the referral form.

Has the referred individual provided consent for this referral? Yes ☐ No ☐

Referral Source			
Name/Agency			
Address	City	State	Zip
Phone	Date of Referral		

Referral Information			
Name	Date of Birth		
Preferred Name	Preferred Pronouns		
Address	City	State	Zip Code
Phone	Parent/Guardian		
Is the parent/guardian contact information the same as that of the person being referred? Yes ☐ No ☐			
Address	City	State	Zip
Phone	Email		
Please select one Routine ☐ Urgent ☐ If urgent, please describe in the box below.			
Reason for referral			

Services Requested (Check All That Apply)			
	Behavioral Health Assessment		**Enhanced Behavioral Health Services:**
	Specialized Assessment (FNS/CPS)		Assertive Community Treatment Team (ACTT)
			Child Welfare Trauma-Informed Assessment (CWTIA)
	Individual/Group Therapy		Individual Placement Support/ Supported Employment (IPS/SE)
	Psychiatric Medication Management		
	Medication-Assisted Treatment		Substance Abuse Intensive Outpatient
	Psychological Testing		Psychosocial Rehabilitation (PSR)
	Other/Specialty (Please explain here.)		

Insurance Coverage (Check All That Apply)			
	Medicaid Direct		United Healthcare
	Medicaid WellCare		AmeriHealth Caritas
	Carolina Complete		Blue Cross Blue Shield
	Health Choice		Aetna
	Medicare		Humana
	Healthy Blue		Other (Please specify here.)

For more information about Blue Ridge Health, please visit us online at BRCHS.com.
Questions? Comments? Please email Info@BRCHS.com.

BLUE RIDGE HEALTH

Our mission is to improve health, inspire hope, and advance healing through access to compassionate, affordable, and quality care.