Pre-Authorization Referral Form

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Date of Referral: ______________

Referring Agency:_________________________**Phone#:**_____________________**Contact:** ________________

Email of contact: ________________________________

How did you hear about us? ___________________________

Name:__________________________________DOB:_____________SS#:______________________________

Parent/Legal Guardian Name:_____________________ Gender: M / F / O Marital Status:____________

Address:____Contact Phone #: __________________________

Email:__________________________Emergency Contact: (Name/Phone) ________________________________

Insurance:____________________________

Medicaid

MA#__________________________

Medicare

Medicare ID: _________________________

QMB is Medicare - *Medicare ID #'s are 11 digit alpha-numeric*

If Medicare, please complete the following questions below:

Criteria for PRP Uninsured/ State Funded Coverage Questions	Yes	No
Recently Incarcerated?		
Hospitalized for mental health within the last 6 months?		
Placed in a state hospital?		
A RRP (Residential Rehabilitation Service) Bed within the last 6 months?		

Reason for Referral/Presenting Problems (PLEASE BE SPECIFIC): ____________________________________

Type of Care (PLEASE CHECK ALL THAT APPLY, if qualified):

__________Psychiatry
__________Medication Management
__________Therapy
__________ Residential
__________ PRP Services (If qualifying diagnosis)
__________ Substance Abuse Recovery Treatment
__________ ACT (Mobile Treatment)

Highest level of Education: ______________

Any arrest in the past 30 days? Y____ N____
Currently Employed? Y____N____
Veteran? Y____ N____
In Iraq or Afghanistan? Y____N____
Is the client eligible for MTA pass? Y____N____

Any restrictions from referring agency (i.e., mobile therapy, on blackout, no telemedicine, etc.)? Y____N____

If yes, please explain:____

Have you been in a PRP Program before?
Y____N____

If so, what agency? _______________________

Office Use Only**:**

Intake date & time______________________Therapist assigned_____________________Completed by: __________