Print

BRIGHTER HEIGHTS MAINE

Complete this encrypted and HIPPA compliant form online or print and fax to 207 338-8962

Who is making the referral

Name

Phone | Email

Name of organization if any

Person seeking services

Name | Date of birth | **Gender** ◯ Male ◯ Female ◯ Trans ◯ Other

Phone | Email | Address

May we leave messages on your phone?

◯ yes ◯ no

May we text you?

◯ yes ◯ no

AMHI Consent member Y N Unsure (if yes, diagnosis is required)

◯ Yes ◯ No ◯ Unsure

Choose File No file chosen

Parent or Guardian, if appropriate

Name | Phone | Email

May we leave messages on your phone?

◯ yes ◯ no

May we text you?

◯ yes ◯ no

Emergency Contact

Name | Phone | Relationship

Insurance Information

MaineCare#

Do you have insurance in addition or other than MaineCare

◯ Yes ◯ No

What is the name of the other insurance?

Name | Insurance #

Name of policy holder: | Relationship to policy holder:

Services being sought

Reason For Referral:

Goals of treatment:

Preferred type of therapy, if any (i.e. EMDR, DBT, CBT etc.)

Preferred gender of provider:

◯ Male ◯ Female ◯ Trans ◯ Other

Please check off the services requested:

☐ Case management/ Behavioral Health Home (BHH) ☐ Outpatient Therapy ☐ Diagnostic Assessment
☐ Medication Management (Psychiatric Medications) ☐ Vineland Assessment ☐ Substance Use Counseling
☐ Medication Assisted Treatment for Opioid Dependency/ Opioid Health Home (OHH) for 18 years +
☐ Personal Support Services non-medical ☐ Daily Living Skills (DLS)

Services being Received

Are you/your client currently receiving any of these listed services?

Medication management ◯ Yes ◯ No

Case management ◯ Yes ◯ No

Outpatient therapy ◯ Yes ◯ No

Substance use/ medication assisted treatment ◯ Yes ◯ No

Have you/ your client received services from Brighter Heights Maine ◯ Yes ◯ No

PLEASE SEND US THE MOST RECENT DIAGNOSIS, PSYCHOSOCIAL ASSESSMENT AND TREATMENT PLAN

Demographics:

Primary language

Interpreter needed:
◯ Yes ◯ No

Level of education received

Notes

What else would you like us to know?