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| **Person Completing Form:** | |
| **Phone:** | **Date:** |

**SERVICE REQUESTED**

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| **Community Integration Services**  C.I. Case Management  **Behavioral Health Home Services** ☐ Care Coordination  **Outpatient Therapy**  Individual Counseling  Couple’s Counseling |

**CLIENT BASIC INFORMATION**

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| **Client Name:** | **D.O.B.:**  **S.S.N.:** | | | **Gender:**  Male  Female |
| **Address:** | | | | |
| **Phone:** | | **Primary Language:** English | | |
| **Client is a class member of:**  AMHI Consent Decree  Pineland Consent Decree  French Lawsuit  None | | | | |
| **Is the client his/her own guardian?**  Yes  No (If no, please send proof of guardianship) | | | | |
| **MaineCare**:  Yes  No  If no, funding source:  If private insurance, please provide copy of card. | | | **MaineCare #:** | |
| **Diagnoses (must be within the last 12 months)** | | | **Prescriber and credential:** | |

**Please attach a copy of the client’s records**

**Please note, no “Unspecified” diagnoses can be accepted.**

***Thank you for your referral!***

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| **OFFICE USE ONLY**  Received By: Date: |