View Point Health
Outpatient Services Referral Form

Date of Referral: _____

Individual's Name: _____ DOB: _____ Age: ___ SSN: _____

Is individual currently receiving care from VPH? Y ☐ N ☐ Primary Language _____
Is Individual aware of your referral? Y ☐ N ☐

Individual's Home Address: _____ City: _____ County: _____ Zip:_____
Type of insurance:
Main Phone #: _____ Is Individual currently homeless? Y ☐ N ☐

Does Individual have a legal guardian? Y ☐ N ☐ (If Y, please include guardianship paperwork with referral)

Legal Guardian's Name: _____ Legal Guardian's Main Phone #: _____

Where are you referring from? Please select one

☐ GA State Hospital	☐ Court	☐ Public Defender's Office
☐ Private Acute Hospital	☐ Probation Office	☐ Another Agency Referral
☐ Crisis Stabilization Unit	☐ County Jail	☐ Re-entry (County _____)
☐ DBHDD	☐ State Prison	☐ Family/friend
		Other _____

Name of Person Referring: _____ Email: _____ Phone #: _____

Reason you are referring: _____
Substance Use Disorder Diagnosis (if applicable) _____

Current Medications (if applicable, attach list): _____

Past 12 months- if know, please select any of the following services the Individual has received:

☐ Psychiatric Hospital (# of admissions _____) # in the past 180 days _____
☐ Crisis Stabilization Unit (# of admissions _____) # in the past 180 days _____
☐ Jail (# of incarcerations _____) # in the past 180 days _____
List facilities (jails/hospitals) and dates:_____
_____

Past 6 months- Please select any of the following services the Individual has received:

☐ Community-Based Services-Please describe which service (eg PSR, ICM, CM): _____
☐ In-clinic crisis stabilization. Location and dates: _____
☐ Forensic: Competency Restoration. Location and dates: _____
☐ Other: _____

****INSURANCE: Please do not skip****

☐ Medicaid (#_____)	☐ SSI (Monthly amount: _____)	☐ No insurance coverage
☐ Medicare (#_____)	☐ Private/commercial Insurance/specify name: _____)	☐ Other: _____

***Please complete and submit to OutpatientServices@vphealth.org ***

Thank you for the referral. We'll contact you within 24 hours if we need further information.
If you have not heard back within 48 hours, please contact Julie.Solinski@vphealth.org