



MENDING POINT

BEHAVIORAL HEALTH SERVICES

REFERRAL FOR SERVICES

Referring Source:

Name: _____ Affiliation: _____

Phone #: _____ Email: _____

What is the best way for us to follow up on this referral?

Contact referring source directly Contact person/family being referred directly

Client Information:

Name: _____ Age/DOB: _____ SSN: _____

SSN or Copy of Insurance Card is required

Parent/Guardian's Name & Relationship (under age 18): _____

Address: _____

County: _____ Phone#: _____ Alternate Phone#: _____

School attending (if applicable): _____ Grade Level: _____

IEP/504 Plan: Yes No **Primary Language Spoken in Home:** _____

Is treatment court ordered? Yes No

Any substances being used or suspected of being used:

Current Charges (if applicable):

Please indicate source of payment for services: Anthem (Medicaid) Aetna (Medicaid)
 Humana (Medicaid) Passport (Medicaid) Wellcare (Medicaid) Private insurance
 No insurance Self-pay

Reason for referral/presenting problem:

Send referrals by email to mendingpoint@kyumh.org or by fax at (859) 241-3787

For questions about Mending Point services call (859) 523-3001 or (859) 523-4650