



**OUTPATIENT BEHAVIORAL HEALTH**  
23455 Sparrow Lane, Mandeville, LA 70448

*Check one*

	<b>Substance Abuse IOP and MAT</b>
Office	985-334-4040
Fax	985-626-6549

	<b>Mental Health IOP/OP</b>
Office	985-626-6309
Fax	985-626-6549

	<b>Mobile Crisis Service Team</b>
Office	985-334-4060
Fax	985-626-6549

**Date:** \_\_\_\_\_ **Referral from:** \_\_\_\_\_

**Referral Phone:** \_\_\_\_\_ **Requested Start Date:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_ **Subscriber DOB:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_ **Subscriber DOB:** \_\_\_\_\_

Is patient currently struggling with Mental Health  Yes  No

**Current Mood:** \_\_\_\_\_

**List Psychiatric Diagnosis (if applicable):** \_\_\_\_\_

**List Drug of Choice / Frequency / Last Use (if applicable):** \_\_\_\_\_

**Other Substance Use (if applicable):** \_\_\_\_\_

Please attach latest psychiatric evaluation, medication list & allergies, discharge summary, and any other pertinent information. Thank you for your referral and collaboration to best help the individuals in need.