Carolina Bereavement Services

Referral Form for Mental Health Services

Patient/Client Information:

Name: _____ **Date of Birth:** _____ **Race/Ethnicity:** _____

Contact Information: Home: ( )_____ **Work: ( )**_____ **Cell: ( )** _____

VM Message Ok? ❒ **Yes** ❒ **No** **Patient/Client SS#:**_____-_____-_____

Address: _____ **Apt#:** _____ **City:** _____ **County:** _____

Gender: ❒ **Male** ❒ **Female** ❒ **Couple** ❒ **Transgender**

Services Requested: ❒ Neuro-Cognitive Testing ❒ Pain Eval ❒ Pre/Post Surgical Assessment
❒ Personality Testing ❒ Bariatric Eval ❒ Psychological Eval ❒ Other: _____

Referral Source Information:

Name: _____ **Facility:** _____

Mailing Address: _____

Phone#: _____ **Fax:** _____

Email address: _____

How did you hear about Health: _____

_____

Reason for referral: In your own words, describe the patient/client in need for mental health services. Please describe specific behaviors the patient/client is exhibiting:

_____

Been in counseling before?:

_____

Availability:

_____

_____

_____

Patient/Client Mental Health Information:

Current Mental Health Symptoms	Unknown	Not Present	Mild	Moderate	Severe
Hallucinations (describe)					
Delusions					
Thought disorder					
Bizarre (psychotic) behavior (describe below)					
Anxiety / Nervousness					
Obsessive / compulsive					
Phobias / fears					
Depressed mood					
Mood swings					
Sleep disturbance					
Irritability					
Anger / temper tantrums					
Hyperactivity					
Attention deficit					
Eating problems					
Elimination problems					
Oppositional / defiant to those in authority					
Antisocial/delinquent behavior/conduct disorder					
Over sexualized behavior					
Somatic complaints with no known medical cause					
Attachment disorder (explain below)					
Other (explain)					

I agree to hold Riverstone Wellness Collaborative harmless from and against all loss, liability, obligation, or judgment. Any claims for loss, liability, obligation, or judgement are understood to be between myself, the client, and Carolina Bereavement.

Signature _____ Date _____