

# Region IV Mental Health Services Referral for Services

2725 Hwy 51 South, Hernando, MS  
Phone: 662-449-1808, Fax: 662-449-1811

## Referral Source:

Person Submitting Referral: \_\_\_\_\_ Date Submitted to Region IV: \_\_\_\_\_  
Email address: \_\_\_\_\_  
School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State: \_\_\_\_\_ Fax: \_\_\_\_\_

## Individual information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## Parent or Legal Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Household size: \_\_\_\_\_ Household Annual Income: \_\_\_\_\_

## Reason for Referral

<input type="checkbox"/> Discharge from acute care	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Depression
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Psych eval	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Problems at school	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Suicidal Thoughts	<input type="checkbox"/> Homicidal Thoughts	<input type="checkbox"/> ADHD
Additional Comments:		

## To be completed by Region IV Staff

### Payment Information:

Please attach copy of insurance card or enter the following information:

Policy Holder Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Primary Insurance Co: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holder SSN: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_  
Insurance ID No: \_\_\_\_\_

Secondary Insurance Co: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holder SSN: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_  
Insurance ID No; \_\_\_\_\_

NOTE: Insurance Verifier must have three business days prior to scheduled intake to enter information in Essentia and verify insurance.

Date/Time of intake appointment and with whom: \_\_\_\_\_