

Liv Well Behavioral Referral Form

Please complete the referral form below and read the directions on the last page for more information.

Referring Agency: _____

Referral Date: _____

CLIENT INFORMATION ONLY:

Client Name: _____ Preferred Name: _____

Client Phone #: _____ Other Phone #: _____

Ethnicity: _____ Gender: _____ Age: _____

Social Security #: _____ Date of Birth: _____

AHCCCS ID#: _____ Preferred Language: _____

Client Address: _____ APT # (optional): _____

City: _____ State: _____ Zip Code: _____

Address Directions (Cross Streets): _____

GUARDIAN/PARENT INFORMATION ONLY:

Guardian(s) Full Name: _____

Guardian Phone #: _____ Guardian Email Address: _____

Emergency Contact Name: _____ Phone #: _____

DCS/TSS Legal Guardian? : Yes No If yes, please provide the following for the primary care giver(s):

DCS/TSS Name: _____

Phone #: _____ Email Address: _____

Caregiver Name: _____

Phone #: _____ Email Address: _____

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CLIENT REFERRAL INFORMATION ONLY:

Reason for Referral:

List of Presenting Concerns:

Diagnosis Code(s):

Describe the Clients Strengths:

Medications (if any):

Allergies (if any):

PCP Name: _____ PCP Phone #: _____

Any knowledge of other services the client is enrolled in?

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Services Requested:	
<input type="checkbox"/> After school Program:	<input type="checkbox"/> Weekend Program:
<ul style="list-style-type: none">• Psychoeducational Groups:<ul style="list-style-type: none">○ Expressive Arts○ Group Coaching○ Life Skills• Self- Care• Career Development• Recreational Activities	<ul style="list-style-type: none">• Respite• Life Skills• Self-Care

REFERRING PROVIDER:

Name: _____ Position Title: _____

Phone #: _____ Email: _____

Signature: _____

This document is required to be completed in its entirety so that services can begin as soon as possible. Please send to the following:

1. Liv Well Referral Form
2. Comprehensive Assessment and/or Annual Update
3. Individual Service Plan with Program Goal/Objective

Email: referral@livwellbhs.org

Subject line: Liv Well Behavioral Intake Coordination

Thank you for completing the form!

