



REFERRAL FORM

Please Note: The New Foundation CANNOT ACCEPT ANY REFERRAL FOR ADMISSION without completion of ALL the following required information and documentation

How did you hear about The New Foundation? _____

Services Requested: BHIF BHRF Diversion/Dap IOP-MH IOP-SA Respite PHP

Client Information:

Name: _____

Date of Birth: _____ Race/Ethnicity: _____ Gender: Male Female

School & Grade: _____

Client's Current Placement: _____

Type of Setting: Home Group Home Foster Home Psychiatric Hospital Other: _____

Referral Source Information: (Complete this section to enable us to contact you after the referral is made).

Name: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Parent or Legal Guardian Information:

Name of Parent/Legal Guardian: _____

Address: _____

Contact #'s: Home: _____ Cell: _____ Work: _____

Payment Information: Please include copies of all insurance cards for billing.

First Insurance Option:

Type of Insurance: Medicaid Private Ins. Self Pay Other: _____

Name of Insurance: _____

Insurance ID: _____ Phone #: _____

Policy Holder Name : _____ D.O.B: _____

Address: _____

Please add any additional 2nd insurance information along with a copy of all insurance cards for billing.

Second Insurance Option:

Type of Insurance: Medicaid Private Ins. Self Pay Other: _____

Name of Insurance: _____

Insurance ID: _____ Phone #: _____

Policy Holder Name : _____ D.O.B: _____

Address: _____

<u>Current Mental Health Symptoms:</u>	Unknown	Not Present	Mild	Moderate	Severe
Hallucinations:	_____	_____	_____	_____	_____
Delusions:	_____	_____	_____	_____	_____
Aggression:	_____	_____	_____	_____	_____
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	_____	_____	_____	_____	_____
Somatic complaints with no known medical Cause	_____	_____	_____	_____	_____
Attachment disorder (explain below)	_____	_____	_____	_____	_____

Other: (Explain)

Reason for Treatment Referral: In your own words, describe the child in need for mental health services. Please describe specific behaviors your child is exhibiting:

Additional Comments:

**PLEASE COMPLETE CHECKLIST ON
NEXT PAGE.**

**DOCUMENTATION CHECKLIST
FOR REFERRING AGENCIES
(Pre-Admission)**

PLEASE NOTE: The New Foundation cannot accept any referral for admission without the below required and completed documentation for Admission Consideration

Please Note: Items 6-9 to be filled out by referral agency ONLY.

	<u>INCLUDED</u>
1) Release of Information Signed by Parent/Guardian REQUIRED TO SCHEDULE ASSESSMENT	_____
2) I.E.P. _____ Yes _____ No IF YES DOCUMENTATION MUST BE INCLUDED.	_____
3) Most recent psychiatric and medical evaluations	_____
4) Last Psychiatric Notes (if applicable)	_____
5) Current and past medical history	_____
6) Comprehensive Assessment(Core Assessment) MUST BE SIGNED BY BHP-WITHIN 30 DAYS OF ASSESSMENT	_____
7) Most recent annual update to the Comprehensive Assessment MUST BE SIGNED/DATED BY BHP-MUST BE LESS THAN ONE YEAR OLD	_____
8) Most recent CFT notes and CFT Service Plan MUST CONTAIN CLIENT, PARENT/GUARDIAN AND CASE MANAGER SIGNATURES	_____
9) Strengths, Needs and Culture Discovery	_____

PLEASE INCLUDE ALL REQUIRED DOCUMENTATION FOR PLACEMENT CONSIDERATION

Any questions regarding the referral process can be directed to:

Admissions Coordinator

480-945-3302 Ext: 125 or admissions@tnfaz.org

The New Foundation - 1200 North 7th Street - Scottsdale, AZ 85257

Phone: 480-945-3302 Fax: 480-945-9308

www.thenewfoundation.org
