

Name:
Type: BH Referral Form

Case#:

Page: 1 of 5
Date:

**San Luis Obispo County Behavioral Health Department Behavioral
NWP Referral Form**

Referral Date:

Program Initiating Referral:

Program Receiving Referral:

Contact Person at Receiving Program:

Contact Person's Phone:

Referral discussed with the contact person? Yes No

Assignment made to contact person/receiving program subunit? Yes No

Reason for Referral:

Describe the reason for the referral and complete the tab fully that matches the referral you are making.

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self injury):

Signature of Staff Making Referral:

Name: _____ Date: _____

Program Supervisor or Designee Approving Referral:

Name: _____ Date: _____

Staff Processing Referral:

Name: _____ Date: _____

Name:
Type: BH Referral Form

Case#:

Page: 2 of 5
Date:

Receiving Program Comments:

- Is the referral appropriate? Yes No
- Is the referral accepted? Yes No
- Referring person notified of
disposition? Yes No

Name:
Type: BH Referral Form

Case#:

Page: 3 of 5
Date:

Comments by receiving program:

Signature of Staff Accepting the Referral:

Name:

Date:

San Luis Obispo County Behavioral Health Department

Network Provider Referral Yes No

Does client have full-scope Medi-Cal? Yes No

Is client likely to benefit from short-term therapy? Yes No

Does client have a history of consistent attendance? Yes No

Does client have specific measurable/attainable goals? Yes No

If yes to all above, describe treatment goals/recommended focus of treatment?

Receiving Program Comments

Assigned to a Network Provider?

Yes

No Number of days until next available appointment

Psychological Testing Referral Yes No

Has the client previously been tested (send results if available)?

Yes No

What questions do you want testing to help answer?

How will testing results improve treatment?

Name:
Type: BH Referral Form

Case#:

Page: 5 of 5
Date:

Signatures

Signature

Signature Line Heading

Printed Name

Date

Staff