LIGHTHOUSE
Behavioral Wellness Centers

Please send completed form to:
**Fax: (580) 672-8010**

# Behavioral Health Services Referral Form

Thank you for your referral. Our agency will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client. We will contact the client to schedule an appointment.

Referral Date:_____ Referral Contact Phone:_____ Referral Fax:_____

Referral Source (Name and Agency):_____

Referral Address:_____

Client Name:_____ Date of Birth:_____ Gender:_____

Guardian (If applicable):_____

Address:_____

Contact Home Phone:_____ Contact Alternate Phone:_____

Presenting Concerns/Comments (Attach sheets as necessary):

_____

_____

Diagnosis (If known): _____

Priority: ☐ Low (Schedule when available) ☐ High (Schedule as soon as possible) ☐ Emergency (Complete risk assessment)

Risk Assessment:

| | | | | | |
|---|---|---|---|---|---|
| Danger To Self | ☐ None | ☐ History but no recent intent, ideation, or feasible plan | ☐ Recent ideation, no current feasible plan | ☐ Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt. | ☐ Current ideation or command hallucinations of self harm, current intent, plan that is immediately accessible and feasible, and/or history of multiple potentially lethal attempts. **Call 1 (800) 522-1090 immediately.** |
| Danger To Others | ☐ None | ☐ History but no recent gesture or ideation | ☐ Recent ideation, no current feasible plan | ☐ Recent homicidal ideation or physically harmful aggression, but not in past 24 hours. Has feasible plan to harm others. | ☐ Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. **Call 911 immediately.** |

Location of Services Requested:

☐ Ada ☐ Ardmore ☐ Durant ☐ Madill ☐ Marietta (0-21 Only)
☐ Pauls Valley ☐ Seminole ☐ Sulphur ☐ Tishomingo

Type of Insurance: ☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ None

Policy Number:_____ Group Number:_____ Phone Number:_____

**HOPE DEDICATION COMMUNITY**