

Behavioral Health Intervention Services Referral Form



Date

Referral Source (name/agency)

Client Name

First

Last

Client Date of Birth

Client Age

Client Gender

Client Address

Street Address

Address Line 2

City

State

ZIP Code

Parent/Guardian Name

First

Last

Relationship to Client

Parent/Guardian Phone Number

Parent/Guardian Email Address

Current Services & Providers *

Current Tanager Place client?

Yes

No

Reason for Referral:

Please include information about current symptoms, behaviors, functioning and trauma. Do these occur in the home, school, community, or across all settings?

Mental Health Diagnosis (if known)

Insurance & Documentation

Please attach copy of insurance card and ABA documentation, if applicable. Insurance verification is required before appointment. While insurance information is not required as part of this form, providing it now will expedite the path to treatment.

Medicaid/MCO ID Number:

Name on Medicaid/MCO Card:

First

Last

Please submit form to BHISreferral@tanagerplace.org or fax to: 319-200-4368

For questions, please call us at 319-286-4531