



Maternal Behavioral Health Referral Form

****Please complete front of form and fax/email to provider selected on the back of the form**** For information on the CRPN Perinatal Depression Project or the Cuyahoga County Perinatal Depression Task Force, call (216) 844-3391 or email CRPN Project Director at Avril.Albaugh@UHHospitals.org

Revised 2/18 This form may be reproduced.

Date _____ Agency Referred to _____ Fax _____ (see reverse side)

Patient Name _____ DOB _____ SS# _____

Address _____ City _____ Zip _____

Phone _____ Alt Phone _____ Can we leave a message? Y N

Insurance Info. _____ Policy # (if available) _____

Marital Status _____ Currently Pregnant? Y N If yes, due date _____

If recently delivered, baby's DOB _____ Infant Status _____

Reason(s) for Referral:

Edinburgh Score: _____ Suicidal Risk: Y N Homicidal Risk: Y N

Current Medication List: Name Dosage Route Frequency

OB/PCP Provider Name _____ Phone _____

Referring Provider Name _____ Ref. Agency _____

Ref. Provider Phone _____ Ref. Provider Email _____

Referring Provider Fax _____ **(Please list fax or email for feedback on your patient)**

I authorize the Referring Provider named above and the participants of the CRPN to mutually disclose my personal, demographic, social, physical and mental health assessment, insurance, and appointment information for the purpose of coordination of care, treatment and services. This authorization is valid for one year from the date it is signed unless an earlier date or event is written here: _____ I understand that I may revoke this authorization at any time by submitting a dated and signed written request to the Privacy Officer of the Referring Agency. I understand that the revocation will not apply to information that has already been released in response to this authorization. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law. My failure to sign this authorization may result in my information not being released. My failure to sign this authorization will not limit my access to treatment or other services.

Patient/Legal Representative Signature _____ Date _____

Patient / Legal Representative Printed Name _____ Phone _____

Description of Authority for Legal Representative _____

Community Behavioral Mental Health Agencies in Cuyahoga County with specific programs for pregnant and postpartum women. Rev 2/18

When faxing/emailing, please also leave a phone message to alert intake a referral form was sent.

Bellefaire, JCB

www.bellefairejcb.org

Healthy Moms, Happy Families: In-home or office-based services. Services covered by Medicaid and select commercial insurance providers. Out-of-network and self-pay options available. Office based services in Shaker Heights, therapy offered at 6001 Woodland and at the Coventry Wellness Center. Clients seen at the Coventry Wellness Center must be residents of the Cleveland Heights-University Heights school district.

Phone Intake: 1-800-879-2522

Fax Intake: 216-932-8520

Email: intake@bellefairejcb.org

Signature Health Inc (formerly Connections)

www.signaturehealthinc.com

Women's Program: In-home or office based services. Services available for uninsured as well as Medicaid, Medicare, and select insurance providers. Offices in Beachwood and Ohio City. Services available in the old Coventry School building for those in Cleveland Heights-University Heights school district.

Phone Intake: 216-831-6466 x 232

Fax Intake: 216-766-6086

Email: dpaschal@shinc.org

Far West Center

www.farwestcenter.com

Help for Mom Program: Office-based services, in-home intake provided as needed. Offices in Westlake and Amherst. Child care available. Services covered by Medicaid and select commercial insurance plans. Services available for those who are uninsured. Spanish speaking psychiatrist and case managers available.

Phone Intake: 440-835-6212 x 230

Fax Intake: 440-835-6231

Email: intake@farwestcenter.com

OhioGuidestone

www.OhioGuidestone.org

Maternal Depression Program: In-home counseling available in Cuyahoga, Lake, Lorain, Summit, Stark, Portage, and Franklin Counties. Office-based services in Euclid, Garfield Heights, Brook Park, Lakewood, Cleveland, and Lorain. Services covered by Medicaid and select commercial insurance plans.

Phone Intake: 440-260-8300

Fax Intake: 440-260-8575

Email: intakegroup@OhioGuidestone.org

Applewood Centers Inc.

www.applewoodcenters.org

Supportive Options and Resources for New Moms: In-home services available throughout Cuyahoga County. Office-based services at 3518 W. 25th St. Services covered by Medicaid and select commercial insurance providers, with some out-of-network and self-pay options available.

Phone Intake: 216-521-6511 x 1737

Fax Intake: 216-521-6006

Email: intake@applewoodcenters.org

FrontLine Service Mobile Crisis

Phone: 216-623-6888

24 hour Hotline Crisis intervention and suicide hotline. Information, assessment and referral.

Note: List above is for Medicaid, Medicare, Commercial Insurance and self pay. Commercial Insurance may require prior authorization from insurance carrier and referral to specific mental health providers. This does not represent a complete list of community mental health agencies.

For more listings call First Call for Help at 211 or 216-436-2000.

