



Maternal Behavioral Health Referral Form

******Please complete front of form and fax/email to provider selected on page 2 of the form******

For questions or more information about the Cleveland Regional Perinatal Network, call (216) 844-3391 or email CRPN Project Director at Avril.Albaugh@UHHospitals.org

2019 Version 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 not currently pregnant, infant DOB: _____

Reason(s) for Referral: _____

Does client prefer in home or office based services?

In Home

Office Based

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

Current Medication List: Name Dosage Route Frequency

Referring Provider Phone (in case mental health agency needs add'l information): _____

Referring Provider Name _____ Ref. Agency _____

Ref. Provider Email _____

Referring Provider Fax _____ **(Feedback will only be provided via fax or email)**

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. 2019 Version

Please contact the agencies below for more specific information on services available.

Bellefaire, JCB

www.bellefairejcb.org

Healthy Moms, Happy Families: Office based services. Services covered by Medicaid and select commercial insurance providers. East side office location.

Phone Intake: 1-800-879-2522

Fax Intake: 216-932-8520

Email: intake@bellefairejcb.org

Signature Health Inc

www.signaturehealthinc.com

Women's Program: In home or office based services. Services available for uninsured as well as Medicaid and Medicare. West side and East side office locations.

Phone Intake: 216-831-6466 x 11232

Fax Intake: 216-766-6086

Email: bw-access@shinc.org

Far West Center

www.farwestcenter.com

Help for Mom Program: Office based services. Services available for uninsured as well as Medicaid, Medicare, and select commercial insurance plans. West side office location.

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 and office based services. Services covered by Medicaid and select commercial insurance plans. East and West side office locations.

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 and office based services. Services covered by Medicaid and select commercial insurance providers. West side office location.

Phone Intake: 216-452-1153

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, and Commercial Insurance. 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.

