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

2020 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 _______________________ Patient's race / ethnicity: ____

Currently Pregnant? Y N If Y, due date:____________________ If N, infant DOB: ________________

Reason(s) for Referral: ____

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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

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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 ____

Commuity Behavioral Mental Health Agencies in Cuyahoga County with specific programs for pregnant and postpartum women. 2020 Version

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

Bellefaire JCB

www.bellefairejcb.org

Phone Intake: 1-800-879-2522
Fax Intake: 216-932-8520
Email: intake@bellefairejcb.org

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

Signature Health Inc

www.signaturehealthinc.com

Phone Intake: 216-831-6466 x 11232
Fax Intake: 216-766-6086
Email: bw-access@shinc.org

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

Far West Center

www.farwestcenter.com

Phone Intake: 440-835-6212 x 230
Fax Intake: 440-835-6231
Email: intake@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.

OhioGuidestone

www.OhioGuidestone.org

Phone Intake: 440-260-8300
Fax Intake: 440-260-8575
Email: intakegroup@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.

Applewood Centers Inc.

www.applewoodcenters.org

Phone Intake: 216-452-1153
Fax Intake: 216-521-6006
Email: intake@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.

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.