



Magellan Behavioral Health of Pennsylvania, Inc.
Referral for Behavioral Health Rehabilitation Services

[] Bucks County

[] Delaware County

[] Montgomery County

CURRENT EVALUATION MUST BE ATTACHED

Attention: Health Guide Team

Age: _____ Gender: [] M [] F DOB: _____ Date of Referral: _____

[] Initial Case [] Split Case [] Transfer Case Current Provider: _____

DSM-5 Diagnosis: _____

End Date of Current Authorization: _____

PARENT/GUARDIAN/MEMBER GAVE CONSENT FOR RELEASE OF INFORMATION:

Verbal Consent: [] Yes [] No Consent Received Date: _____

Written Consent: [] Yes [] No

CONSENT MUST BE GIVEN BEFORE A PROVIDER CAN RECEIVE THE CLINICAL INFORMATION NECESSARY TO BEGIN REVIEWING THE CASE.

Behaviors that are of concern:

- [] Hyperactivity/distractibility [] Poor social judgment
[] Irritability w/verbal aggression [] Poor interactive skills
[] Irritability w/physical aggression [] Organizational skills
[] Irritability w/self aggression [] Poor engagement to external environment
[] Irritability w/property destruction [] Awareness of safety in public areas
[] Withdrawal [] Drug and alcohol issues

SERVICES THAT NEED TO BE REFERRED FOR STAFFING:

Therapeutic Staff Support Hours (as prescribed in the evaluation):

Location: _____ Total Per Week _____ Comments: _____

Behavioral Specialist Consultant Hours (as prescribed in the evaluation):

Location: _____ Total Per Week _____ Comments: _____

Mobile Therapist Hours (as prescribed in the evaluation):

Location: _____ Total Per Week _____ Comments: _____

Notes/Times Available for Services: _____

Member: _____

MA ID # (10 Digits): _____

Referring Agency Staff: _____

Referring Agency Phone: _____

School Contact Name _____

School Contact Phone: _____

(If Services in School): _____

School Contact Phone: _____

CYS Contact Name _____

CYS Contact Phone: _____

(If CY5 Involved): _____

CYS Contact Phone: _____

Legal Guardian: _____

School Name: _____

Address: _____

School District: _____

City, ZIP: _____

Phone: _____

Magellan Care Manager: _____

Five-Digit Extension #: _____