

# How to Complete the Mental Health Partners

## Referral and Registration Form

Thank you for taking the time to fill out a Referral and Registration Form. Forms may be filled out for yourself or another person. Once received, Mental Health Partners will outreach to the person referred within 24 hours (during weekdays) to verify receipt and explain next steps toward services. Please follow the steps below to ensure a successful referral.

### If Filling Out the Form By Hand

The Referral and Registration Form may be printed and filled out manually. All that is required is to print both pages and fill in all relevant fields. Once completed, the form may be faxed to the Admission and Referral department at 720 406 3606, or e-mailed to [admissions@mhpcolorado.org](mailto:admissions@mhpcolorado.org).

### If Filling Out the Form Electronically

The Referral and Registration Form is a fillable Adobe PDF document. Text may be entered in any fillable field and radio buttons may be checked by clicking inside of them. Please note the "Reset Form" button on the top right of the form. Clicking this button will remove all contents from text fields and radio buttons.

*\*Time Saving Hint: If you are tabbing through the document, please note that radio buttons will default to "Yes." In order to toggle between the "Yes" and "No" options, the arrow buttons must be used. Pressing the spacebar is the same as clicking the mouse when making selections with radio buttons.*

Once completed, the form may be faxed to the Admission and Referral department at 720 406 3606, or e-mailed to [admissions@mhpcolorado.org](mailto:admissions@mhpcolorado.org).

The following page contains an example of a completed Referral and Registration Form. If you have any questions or concerns related to the form, please feel free to call us directly at 303 413 6263. Please note that our hours of operation are Monday through Friday 8am until 5pm.



### MHP Referral and Registration Form

303-443-8500, *option 2*  
720-406-3606 (Fax)

Admissions@mhpcolorado.org

Reset Form

Date:

#### Referral Source Information

Referral Source: Boulder County Health Clinic	Would you like MHP to coordinate your care with this agency/ individual? If yes, please be sure to fill out a MHP Authorization to Release Information Form. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Contact Person: Joe Agency	
Contact's Info: 303.555.5555, jagency@email.com	

#### New Client Information

First, Middle, Last Name: Lucinda B. Client	
Date of Birth: <input type="text" value="04/12/1988"/>	Social Security #: <input type="text" value="xxx-xx-xxxx"/>
Primary Language: English	Is a translator needed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Legal Gender: Male	Gender Identity: Female

Street Address: 1333 Iris Avenue, Boulder, CO 80304		City: Boulder	State: CO	Zip Code: 80304
Phone #: 720.555.5555	Is it alright to leave a message on this number? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Other Phone #: 454.555.5555	Is it alright to leave a message on this number? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Additional Contact Information (e-mail address, etc.): lucindaclient@email.com				
Emergency Contact (*Required for persons under 18)	Full Name: Andrew Jones Relation to Client: Brother	Phone #: 343.555.5555	Is it alright to leave a message on this number? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Primary Caregiver (*Required for persons under 18)	Full Name: Relation to Client:	Phone #:	Is it alright to leave a message on this number? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Medical Decision Maker (*Required for persons under 18)	Full Name: Relation to Client:	Phone #:	Is it alright to leave a message on this number? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Financially Responsible Party (if other than yourself):	Full Name:	Relation to Client:		
	Phone #:	Is it alright to leave a message on this number? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Street Address:	City:	State:	Zip Code:

#### Insurance Information

Insurance #1	Policy Holder Name: Lee Client	DOB: 08/09/1970	Relation: Spouse
	Company: United Behavioral Health		
	Company Phone #: 800.434.5555		
	Policy #/ Member ID: U123456789		
	Group Number: 003456 Group Name: Technology Wharehouse		
Insurance #2	Policy Holder Name: Lucinda Client	DOB: 04/12/1988	Relation: Self
	Company: Medicaid		
	Company Phone #:		
	Policy #/ Member ID: M123456		
	Group Number: Group Name:		
Insurance #3	Policy Holder Name:	DOB:	Relation:
	Company:		
	Company Phone #:		
	Policy #/ Member ID:		
	Group Number: Group Name:		

\*Please turn page over

1. Are you currently having any thoughts of suicide or self-harm?

YES  NO

2. Are you currently having any thoughts of homicide or harm to others?

YES  NO

3. Are you hearing or seeing things others do not appear to be hearing or seeing?

YES  NO

*\*If you are currently experiencing any of the issues above and would like to speak to someone right away, please contact our 24/7 emergency team at 303 447 1665. You are also welcome to drop in any time of day or night 7 days a week at 3180 Airport Rd. Boulder, CO 80301.*

If yes to questions 1, 2 or 3, please provide more details below:

I have had thoughts of hurting myself and do not feel like I would act on them.

In a couple of sentences, please describe the reason for seeking mental health and/or substance abuse services:

I have a long history of Depression and Anxiety and I would like help with the amount I drink alcohol.

Have you ever had therapy in the past? If so, were you given a mental health and/or substance abuse diagnosis (please describe)?

I had a round of therapy four years ago that lasted about a year. During this time I was diagnosed with Major Depressive Disorder and Generalized Anxiety. I was not diagnosed for anything related to alcohol.

In the past year, have you used drugs, alcohol or non-prescribed medications? If so, please list the substance(s) and when it/ they were last used:

In the past year I have consumed alcohol almost daily. My last use was yesterday and I usually drink about 6 glasses of wine per night.

Were any of these substances used intravenously or injected?

YES  NO

Do you have any dependent children?

YES  NO

Are you pregnant?

YES  NO

If so, what is your due date? \_\_\_\_\_

Are you currently on probation?

YES  NO

YES  NO

If yes, please provide contact information for your probation/parole officer: \_\_\_\_\_

Do you have any obstacles to transportation that would prohibit them from going to an MHP location?

YES  NO

Additional Comments:

I do not have a working car right now so if there is assistance available for a ride that would be great.