MH-649B PCP
Revised 11/2/11

DEPARTMENT OF MENTAL HEALTH REFERRAL RESPONSE

For a Healthy Way L.A. Referral, provide the HWLA ID#: ☐

Client Information

MRUN: _____

Name: _____ DOB: _____

Address: _____ Phone Number: _____

Referring Physician and Care Coordinator Information

Referring Physician: _____

Name of Clinic: _____

Phone Number:_____ Fax Number:_____

DMH Disposition

Initial Appointment Date: _____ (If appointment was not able to be scheduled or was not kept, please indicate)

☐ Unable to contact individual to schedule appointment ☐ Scheduled appointment not kept

☐ **Individual accepted for services**

☐ **Individual declined DMH services**

☐ **DMH services not indicated** *(If selecting this box, please be sure to include in General Findings the reason DMH services are not indicated at this time, along with any recommended linkage information.)*

General Findings (include additional areas of identified need)**:**

Mental Health Diagnosis(es):

All medications prescribed by DMH:

Treatment Plan Overview (include planned treatment interventions; if barriers or complications are a focus of concern include below):

Responding Provider Information

Print Name & Title of Responding Provider: _____

Signature: _____ Date: _____ Time: _____

Name of DMH Clinic:_____Telephone #:_____

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

DMH REFERRAL RESPONSE FORM to HEALTHCARE PROVIDERS

Original Copy – To Agency Initiating Referral
NCR Copy – Retained by DMH Program

DEPARTMENT OF MENTAL HEALTH REFERRAL RESPONSE FORM to HEALTHCARE PROVIDERS

Purpose: This form is for the use of DMH Staff when responding to referrals of non-emergency clients by Primary Care Providers (PCP).

Completion Instructions: It is important that all information requested on the form be completed.

INSTRUCTIONS BELOW FOR DMH USE ONLY

Filing Procedures:

File as follows:

- Existing or New Client DMH Record within Provider – File chronologically in Section 2 Correspondence of the Clinical Record.
- Non-eligible Referrals – Maintain a manila folder labeled DMH Referrals/Responses that is in a locked area of the Record Room. File alphabetically by last name and staple to Response. Maintain for a period of seven (7) years from the initial referral date.