MH-648A Revised 06/11/14

REFERRAL TO OLDER ADULT FCCCS (FOR DMH USE ONLY)

DMH Directly-Operated Clinics & Fax Numbers: Long Beach (562) 218-0402 West Central (323) 292-0053	(323) 344-8829	Augustus F. Hawkins (310) 668-4498 Palmdale (661) 265-6025 Other:	☐ Edmund D. Edelman (310) 915-8579 ☐ Rio Hondo (562) 402-3032	☐ GENESIS (213) 427-6161 ☐ San Pedro (310) 732-5809
Referral Information PATID #:				
Name:			DOB:	/
Address:		City	y:	Zip:
Telephone:	SSN:			
Race/Ethnicity:	Preferred Language:			
Insurance: Medi-Cal Medicare Medi-Medi Indigent LACare HealthNet Beacon MHN Other Is referral currently receiving any mental health services? Yes No				
If yes, where and by whom:				
Date discussed with individual: Reason for Referral to Field Capable Clinical Services (please check reason(s) for referral and explain in the space below): Impaired access to mental health services				
Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure or use is prohibited without the prior written authorization of the individual/authorized representative to who it pertains unless otherwise permitted by law.				
Print Name and Title of Referring Individual:				
Signature of Referral Indivi				:
Agency Affiliation:				
Address:				
May DMH contact you if add Yes No	itional information is requ f yes, please list phone nu			

OLDER ADULT FIELD CAPABLE CLINICAL SERVICES REFERRAL