MH-649A PCP
Revised 5/17/11

DEPARTMENT OF MENTAL HEALTH REFERRAL

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

Patient Information (PLEASE ATTACH PATIENT FACE SHEET if available) **MRUN:**

Name: **DOB:**

Address: **Phone Number:**

Preferred Language:

Special Needs (Wheel Chair, Translator, Hearing, Sight):

Medical Diagnosis(es):

Psychiatric Diagnoses (if known):

Name of Screening Tool *(Indicate which screening tool used and attach to Referral Form)*	**Score** (if previously administered)	**Date of Administration**
☐ **PHQ 2** ☐ **PHQ 4** **or** ☐ **PHQ 9**		
☐ **Other:**		

Current Physical Health/Psychotropic Medication(s) (if available, attach print out of current medications):

Date Primary Care Provider discussed referral with Patient:

Reason for Referral to Mental Health:

- ☐ Depression symptoms but not suicidal, homicidal, or gravely disabled
  ("Gravely Disabled"-unable to provide for his or her basic needs for food, clothing or shelter due to a mental disorder)
- ☐ Anxiety symptoms
- ☐ Social stressors
- ☐ Mood symptoms related to medical diagnosis
- ☐ Other (please explain below)

Care Coordinator Information

Care Coordinator Name & Title:

Phone Number: Fax Number:

Referring Provider Information

Print Name & Title of Referring Provider:

Signature: _____ Date: _____ Time:_____

Name of Clinic: Contact Number:

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

DMH REFERRAL from HEALTHCARE PROVIDERS

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

DEPARTMENT OF MENTAL HEALTH REFERRAL FORM
from HEALTHCARE PROVIDERS

Purpose: This form is for the use of Primary Care Providers (PCP) when making referrals of non-emergency clients to the Department of Mental Health.

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.