FULTON COUNTY
BEHAVIORAL HEALTH
NETWORK

Grady

Phone
(404) 612-6520

Email completed form to
fcbhn@fultoncountyga.gov

REFERRAL FORM

PLEASE FILL OUT ALL OF THE REQUIRED FIELDS IN THIS SECTION

Client's Name: (Last) (First) (MI)				Maiden/Alias	
Date of Birth (MM/DD/YYYY):	Age:	Legal Guardian:		Relationship to Client:	
Gender:			Last 4 Digits of SS#:		
Address:			City:	State:	Zip:
Phone #:	Alternate Phone #:		Email:		
Primary Language:	Translation Services Needed?		Insurance Provider:	Subscriber ID:	
Referring Agency:	Referred By:		Phone #:	Contact Email:	

PLEASE FILL OUT AS MUCH INFORMATION IN THIS SECTION AS POSSIBLE

Purpose of Referral (Mental Health, Substance Abuse, Housing, Re-Entry, etc.)
Presenting Problem
History of Present Illness
Suicidal/Homicidal Statements, Threats, Gestures? (If yes, provide detail)
Current Medications (Please list with dosages)
Current Medical Conditions (Hypertension, Diabetes, Epilepsy, etc.)
Current Involvement with Other Agencies (Courts, DFCS, etc.)/Other Pertinent Information

OFFICE USE ONLY

Time Referral Received	Date Referral Received	Referral Received By
Referral Sent To	Accepted/Rejected (If rejected, provide reason)	
Client's Appointment Date/Time/Location	Made By:	
Any Follow-Up Details:		