

# Central Access Referral Form



Please return completed form to:  
Kennebec Behavioral Health, 67 Eustis Parkway, Waterville, ME. 04901  
Phone: 1-888-322-2136 Fax: 1-800-638-3455

Date \_\_\_\_\_ Referral Source \_\_\_\_\_ Phone \_\_\_\_\_

Client Name \_\_\_\_\_ Guardian (if applicable) \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work/Other \_\_\_\_\_ Emergency Contact and Phone# \_\_\_\_\_

DHS Case# (if applicable) \_\_\_\_\_ DHS Worker \_\_\_\_\_

Primary Insurance Co. Name \_\_\_\_\_ Insurance Phone # \_\_\_\_\_  
Policy/ID # \_\_\_\_\_ Group# \_\_\_\_\_ Subscriber's Name \_\_\_\_\_  
Subscriber's SS# \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Insurance Phone# \_\_\_\_\_  
Policy/ID # \_\_\_\_\_ Group# \_\_\_\_\_ Subscriber's Name \_\_\_\_\_  
Subscriber's SS# \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

AMHI Class Member:  Yes  No Gender:  Male  Female  
Veteran:  Yes  No Race (Optional) \_\_\_\_\_  
Need for interpreter:  Yes  No Primary Language \_\_\_\_\_

Income Sources:  
 None  F/T Employment  Social Security  TANF  Worker's Comp  
 Child Support  P/T Employment  SSI  Unemployment  Other  
 Food Stamps  Public Assistance  SSDI  VA

Services Requested:  
 Outpatient Therapy  Dual Diagnosis  Community Support  DBT Group  Anger Management  
 Med Clinic  Substance Abuse  High Hopes  Psycho-Educational Family Group

Issues/Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Substance Use:  Yes  No Please describe: \_\_\_\_\_

Most recent Psychiatric Hospitalization: \_\_\_\_\_  
\_\_\_\_\_

Do you receive services at any other agencies:  Yes  No (If yes, please list agency name & type of services received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crisis Number Given:  Yes  No