

PRIMARY CARE 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 _____ PCP Office Name _____ Phone _____

Client Name: (First, Middle, Last) _____

Guardian (if applicable) _____

Maiden Name (if applicable) _____ DOB _____ SS# _____

Physical Address _____

Mailing Address _____

Phone #: Home _____ Work/Other _____ Emergency Contact and Phone# _____

Primary Insurance Co. Name _____ Insurance Phone # _____

Policy/ID # _____ Subscriber Name: _____

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 English Other _____

Services Requested:

Outpatient Therapy Substance Abuse

Med Clinic Other

Chief Complaint / Reason for referral

Any Substance Use: Yes No Please describe: _____

Most recent Psychiatric
Hospitalization: _____

Other agencies Involved: Yes No (If yes, please list agency name & type of services received): _____
