



**OCMHS**  
**Referral and Demographics**

**Date:**

**Name:**

**Phone Number(s):**

**Preferred Name or Nickname:**

If unable to contact me directly, it is ok to leave a message at the phone number/s that I provided:

Yes \_\_\_ No \_\_\_

Reason(s) for referral/services requested:

**This referral is for the following services, check all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> Case Management                             | <input type="checkbox"/> Dialectical Behavioral Therapy (DBT)               |
| <input type="checkbox"/> Outpatient Therapy                          | <input type="checkbox"/> Behavioral Health Home (MaineCare Recipients ONLY) |
| <input type="checkbox"/> Substance Abuse                             | <input type="checkbox"/> Driver Education and Evaluation Program (DEEP)     |
| <input type="checkbox"/> School-based Therapy - Name of School _____ |   |

Physical Address:

Town:

ZIP:

Mailing Address:

Town:

ZIP:

DOB:

Age:

Gender:

Social Security #

Parent/Legal Guardian:

Phone Number(s):

Address:

Town:

ZIP:

Do you have a relative who works for OCMHS? Yes \_\_\_ No \_\_\_  
If so, who?

Are you able to climb stairs? Yes \_\_\_ No \_\_\_

Are you a Class Member Yes \_\_\_ No \_\_\_ (A Class Member is a person who was hospitalized at AMHI/Riverview prior to 1990)

Name and Agency of person making the referral, if other than self:

Is the potential client aware of this referral? Yes \_\_\_ No \_\_\_

150 Congress Street  
Rumford, Maine 04276  
Phone: 364-3549  
Fax: 364-2143

MAINE CRISIS SERVICES 24/7  
1-888-568-1112

39 Main Street  
Norway, Maine 04268  
Phone 739-7001  
Fax: 743-2999



# OCMHS

**Ethnicity:**  African American  Asian  Caucasian  Hispanic  Native American  
 Other: \_\_\_\_\_

**Marital Status:**  Divorced  Separated  Domestic Partner  Widowed  Married  Single

**Smoking Status:**  Current Smoker  Former Smoker  Never Smoked

**Primary Language:**  English  Sign Language  French  Somali  Spanish  
 Other: \_\_\_\_\_ Interpreter Needed?  Yes  No

**Employment Status:**  Employed Full Time  Employed Part Time  Student  Unemployed-  
Seeking  Unemployed-Not seeking  Disabled Job Title: \_\_\_\_\_

**Level of Education:** \_\_\_\_\_ **Vocational Training:** \_\_\_\_\_

**Annual Household Income:** \_\_\_\_\_ **# of Individuals in Home:** \_\_\_\_\_ **# Under Age of 18:** \_\_\_\_\_

**Primary Source of Income:**  Alimony  Child Support  Family  Savings/Investments  
 Wages/Salary  SSI  SSDI

**Do you have Mainecare?** Yes  No  Maine Care #:

**Do you have Medicare?** Yes  No  Medicare #:

Will you be paying out of pocket for the service/s? Yes  No   
**If Yes, please call 207-364-3549 to discuss sliding scale options.**

Do you have private health insurance? Yes  No

If so, does your insurance cover this type of service? Yes  No

Name of Private Health Insurance Company:

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**\*\*Please Provide a copy of your insurance card\*\***

## **For any external providers, please complete a Release of Information Form**

150 Congress Street  
Rumford, Maine 04276  
Phone: 364-3549  
Fax: 364-2143

MAINE CRISIS SERVICES 24/7  
1-888-568-1112

39 Main Street  
Norway, Maine 04268  
Phone 739-7001  
Fax: 743-2999