Georgia Health Partners, LLC

ATLANTA: 100 Crescent Centre Pkwy Suite #650 Tucker, GA 30084
OFFICE: (678) 389-4856 FAX: (470) 575-6099

SAVANNAH: 5302 Frederick Street Suite 100 Savannah, GA 31405
OFFICE: (912) 225-3883 FAX: (912) 335-5655

EMAIL: referrals@gahealthpartners.com

INTAKE/REFERRAL FORM

Date of Referral:							
Individual Name:							
Insurance Type:	☐ Amerigroup ☐ Caresource ☐ Medicaid ☐ Peachstate ☐ Medicare						
Medicaid#		SS#		Date of Birth:			
Age:		Gender:		Race:			
Address:		City:		State:		Zip:	

Parent/Guardian Name:	
Parent/Guardian Phone Number(s):	
Parent/Guardian Email Address:	
Emergency Contact Name and Number:	
Please see privacy policy and SMS statement on page 2	
Has the individual consented to this referral being made?	☐ YES ☐ NO
Is the individual/family open to telehealth services?	☐ YES ☐ NO
Is a translator/interpreter needed for services?	☐ YES ☐ NO
Is the individual currently receiving counseling services?	☐ YES ☐ NO If YES, name of service provider: _____

REFERRAL SOURCE INFORMATION:

Name and title of the person making the referral:	
Agency/Organization:	
Referral source type:	☐ DFCS ☐ Foster Parent ☐ MH Prof ☐ School ☐ Parent ☐ Self ☐ Juvenile Court/Justice ☐ Hospital ☐ Counseling Agency
Phone number of the person making a referral:	
Email address of the person making a referral:	
Is an individual mandated to participate in services?	☐ YES ☐ NO

SERVICE(S) REQUESTED:

- ☐ Non-Intensive Outpatient Services (Individual, Family, and Skills 1-3 visits per week) (NIOP)
- ☐ Peer Support (Adults only)
- ☐ Psychiatric Evaluation and Treatment/ Medication Management (must be in conjunction with NIOP or Peer Support)

REASON FOR REFERRAL:

- ☐ History of Counseling ☐ Suicidal/Homicidal/Self-Harming ☐ Substance Abuse/Dependence ☐ Legal Involvement ☐ Psychosis
- ☐ Risk/History of Homelessness ☐ Medication Use ☐ Hospitalization ☐ Out of Home Placement ☐ DFCS Involvement
- ☐ History of Abuse/Trauma ☐ Psychological/Psychiatric Eval completed (please attach to referral)

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☐ Other:

By Submitting this referral, you are consenting to receive SMS and email messaging.

- Messages and Data rates may apply. Message frequency will vary.
- You can opt out of messaging by replying “Stop”.
- Reply Help for Customer Care Contact Information.
- I have read and acknowledged the Privacy Policy

No Mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.