

# Children's Mental Health Resource Center

## Physician Referral Request

Fax completed form to (866) 594-3117.

Call (804) 828-9897 for assistance.

Date: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Name: \_\_\_\_\_ Group/Practice: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### CHILD'S INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity & race (choose one or more):  Asian  Black  Hispanic or Latino  Native Hawaiian/Other Pacific Islander  White  Other

Speaks Spanish **and** requires an interpreter?  Yes  No Gender: Male Female Transgender

Guardian's name: \_\_\_\_\_ Guardian's relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Parent/Guardian email address (if known): \_\_\_\_\_

### REASON FOR REFERRAL

#### Mood issues:

- Anxiety
- Depression
- Mood swings
- Suicidal ideation

#### Behavior issues:

- Aggression
- Destructive behavior
- Hyperactivity
- Poor focus/forgetful

#### Other:

- Eating/appetite problems
- Family discord
- Psychosis
- Sleep problems
- Trauma/PTSD

Other (please describe): \_\_\_\_\_

### TYPE OF SERVICE REQUESTED

- Evaluation (circle all that apply below)  
autism, ADHD, developmental, psychological, other: \_\_\_\_\_
- Intensive in-home services
- Outpatient counseling
- PCP requests phone consultation with a psychiatrist
- Peer support/support group
- Psychiatric/medication evaluation

Other (please describe): \_\_\_\_\_

### INSURANCE INFORMATION FOR CHILD

Name of insurance provider: \_\_\_\_\_ At this time, we do not require an insurance number.

Is this Medicaid?  Yes  No

No insurance at this time

# Children's Mental Health Resource Center

## About Us

The Children's Mental Health Resource Center partners with more than 100 Richmond-area pediatric primary care providers to help them and the families they serve understand the mental health care options available for children. Our Family Navigators use their personal experience and a database of more than 500 resources across Virginia to assist families in finding therapists, psychiatrists or other appropriate services to meet their needs and criteria.

We are a program of the Virginia Treatment Center for Children, the Child and Adolescent Division of the VCU Department of Psychiatry, and a service under the Children's Hospital of Richmond at VCU.

Our goal is to increase access to mental health services and reduce frustration for families across Virginia.

## Referral Process

1. Fax the completed Physician Referral Request Form (reverse side) to CMHRC at **(866) 594-3117**.
2. Within two business days of receiving a referral form (typically within 24 hours), we will reach out to the family. We will make three attempts to reach them.
3. Based on the information provided on the form and by the family, we will give them individualized referrals for each type of service needed. We recommend providers based on the family's insurance as well as where they live and the areas to which they are comfortable traveling. We also take into consideration other criteria that are important to the family.
4. If we are unable to reach the family, or they decline our services, we will send you a report to let you know. We will also send you a report to let you know the referrals we provided to them. Keep in mind this could be up to three weeks from when you send the referral form if it requires multiple attempts to reach the family.
5. If you have questions at any time, do not hesitate to contact us.

You can also call or have your patients call us directly at **(804) 828-9897**.

## Contact Us

**Phone: (804) 828-9897**

**Secure fax: (866) 594-3117**

Our hours are Monday - Friday, 9am - 4pm.