

Cameron K. Gallagher Mental Health Resource Center Provider Referral Request

Fax completed form to (866) 594-3117

Call (804) 828-9897 for assistance

Date: _____

The parent/guardian has given verbal consent to share this information with the Resource Center.

Please note that the Resource Center is NOT a crisis service. If a child requires emergent inpatient admission or crisis stabilization, they should be redirected to emergency or crisis services first.

REFERRING PROVIDER 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 or describe below)
autism, ADHD, developmental, psychological, other: _____
- Intensive in-home services
- Outpatient counseling

- Peer support/support group
- Psychiatric/medication evaluation

Please use this space to provide any additional info: _____

INSURANCE INFORMATION FOR CHILD

Name of insurance provider: _____ Is this Medicaid? Yes No

No insurance at this time

Cameron K. Gallagher Mental Health Resource Center

About Us

The Cameron K. Gallagher 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 700 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. **You must inform the patient's family that you will be submitting this referral to the Resource Center. Please gain the family's consent and check the box at the top of the form to indicate this has been done.**
2. Fax the completed Physician Referral Request Form (reverse side) to CMHRC at **(866) 594-3117**.
3. 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.
4. 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.
5. 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.
6. 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 - 5pm