



1042 Annunciation St, New Orleans, LA., 70130
Office: (504) 303-4646 Fax: (504) 910-9773

Email: info@lahealthpartners.com or dgreen@lahealthpartners.com

Intake Referral Form

ATTN: Deatrice Green

Please Print Clearly

Date of Referral: _____

Consumer Information:

Consumer Name: _____

Type: No Insur. WellCare Amerigrp Medicaid (SSI): Medicaid# _____

Date of Birth: _____ Age: _____ SS# _____ Grade Level _____

Gender: (Please Check) Male Female Race: _____

Consumer's Address: _____

City _____ State _____ Zip _____

Home Phone#: _____ Cell #: _____ Work #: _____

Parent/Guardian: _____

What Other Services Sought: (Please answer if applicable)

- Has the consumer had other services (e.g. Community Support Individual-CSI, Individual and /or Family Counseling or hospitalization for behavioral health issues)? Yes No Not Sure
- Does the consumer have a known Serious Emotional Disturbance and/ or Substance Abuse issue/diagnosis? Yes or No Not Sure
- Are consumer and/or family issues in need of intensive, coordinated clinical and supportive intervention? Yes No
- Is the consumer at immediate risk of out of home placement or is currently in out of home placement and re-unification is imminent? Yes or No
- Has Psychological/Psychiatric Evaluation been completed? Yes No If yes, please attach

Admission Status (Please Print)

Name & Title of Person making referral: _____

Agency: _____ Court Mandated? Yes or No County: _____

Phone # of person making referral: _____ Fax number: _____

Service (s) Requested (Please Check)

- CORE-Medicaid Program (Indiv/Family Therapy; Therapy for Substance Abuse (SA); CSI - Life Skills)
Intensive Family Intervention Other _____

Presenting Problem:

(List problem behaviors; include any medications for emotional and/ or behavior problems)

For Company Use Only:

Receipt Date: _____ Insurance Active Yes No Medicaid Plan: _____

Assigned to: _____ Date Assigned: _____

Assessment Completion Date: _____ Consumer Approved? Yes No

If not approved, why? _____

If approved, approval date? _____ Ref # _____