

Behavioral Health Care Management Referral Form

Email to: BHCMReferrals@BMCHP-Wellsense.org or
Fax to: 617-897-0828

Member Information

Member Name: _____ DOB: _____ BMCHP ID #: _____

Gender: _____ Home Phone: _____ Mobile Phone: _____

Address: _____

Guardian: _____

Referral Source Information

Referral Source Name: _____ Title: _____

Agency Name: _____ NPI # (if applicable): _____

Referral Source Phone: _____ Fax: _____

Referral Source Email: _____

Agency Involvement: _____

Clinical Information – Please provide the below information to support the referral

Diagnosis:

Pertinent Clinical Information:

Pertinent Psychosocial Information:

Reason for Referral to BH Care Management: (i.e. Are there goals or outcomes that the member is trying to attain?):