St. Croix Regional Family Health Center
136 Mill Street, Princeton, ME 04668
PH: 207-796-5503
FAX: 207-796-5528
www.scrfhc.org

Behavioral Health Referral Form

*Please **fax** the completed form along with the following information to (207) 796-5528:*

- ☐ ***Patient Demographics***
- ☐ ***Pertinent Office Notes***
- ☐ ***Copy of Health Insurance Card(s)***
- ☐ ***Complete Medication List***
- ☐ ***EKG results***
- ☐ ***Managed Care Insurance Referral***

Referral Type:	☐ Counseling	☐ Medication Management	
Referring Physician:		Phone #:	Fax#
Primary Care Provider:		Phone#:	Fax#:
Patient Name:		DOB:	SS#:
Address:		City/State:	Zip:
Home Phone #:	Work Phone #:	Cell Phone #:	
Diagnoses:			
Reason for Referral:			
Guardian Name:		Guardian Phone #:	
Primary Health Insurance:		Policy #:	
Group #:	Subscriber Name:	Subscriber DOB:	
Subscriber SSN:		Relationship to Patient:	
Secondary Health Insurance:		Policy #:	
Group #:	Subscriber Name:	Subscriber DOB:	
Subscriber SSN:		Relationship to Patient:	
Insurance Authorization #:		Number of Visits:	
From (date):		Through (date):	
Appt Date:		**Time:**	