



MEBS Counseling

4339 Winston Avenue, Covington, KY 41015 / 213 Chapel Street, Falmouth, KY 41040
(859) 835-2573

Behavioral Health Referral Form

Requested Service(s): Counseling Case Management Self-Pay Testing Assessment Behavioral Intervention Services

Client's Name: _____ **Guardian Name (if applicable):** _____

Client's Preferred Name: _____ **Sex:** Male Female **Gender Identity:** _____

Date of Birth: _____ **Age:** _____ **Office Location Preference:** Covington Falmouth No Preference

Method of Payment: KY Medicaid Insurance Self-Pay **Does the client have secondary insurance?** Yes No

Primary: KY Med ID#/Insurance ID#/SSN: _____ **MCO/Insurance Provider:** _____

Secondary: KY Med ID#/Insurance ID#: _____ **MCO/Insurance Provider:** _____

Client Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____ **Main Phone#:** _____

Alt. Phone#: _____ **E-Mail Address:** _____

If applicable, does Guardian have same address as client? Yes No (if no, please fill out guardian address below)

Guardian Address: _____ **City:** _____ **State:** _____ **Zip:** _____

If applicable, what school does the child attend? _____ **IEP?** Yes No

Primary Diagnosis(es): _____ **Other services currently receiving:** _____

Are there any urgent safety concerns at this time? No Yes (if yes, please refer to emergency room and note below)

Current concerns / reason for seeking treatment:

Preferred Day/Time? _____ **Preferred Therapist?** Male Female Either

Does the client/family personally know any employees at MEBS? No Yes (if yes, explain): _____

Service Location Preference: Telehealth only In-office only School-based Home-based No preference

Referral Source Name, Address and Phone Number: _____

How did you hear about us? _____ **Date:** _____

Notes/Comments (Office use only):

Insurance/Medicaid Verified _____ (initials)

MCO Verified (if applicable) _____ (initials)

Confirmed Primary Insurance: _____ (initials)

Reference Number (if applicable) _____

Please return completed referral form to:

Fax: (859) 727-6327

E-Mail: info@mebsky.org