Region IV Mental Health Services Referral for Services

2725 Hwy 51 South, Hernando, MS
Phone: 662-449-1808, Fax: 662-449-1811

Referral Source:

Person Submitting Referral: _____ Date Submitted to Region IV: _____
Email address: _____
School Name: _____ Phone: _____
City, State: _____ Fax: _____

Individual information

Name: _____ Social Security Number: _____
Date of Birth: _____ Race _____ Gender _____
Grade: _____ Phone: _____ Phone: _____
Address: _____ City, State, Zip: _____

Parent or Legal Guardian Information:

Name: _____ Relationship: _____
Address: _____ Phone: _____
City, State, Zip: _____ Phone: _____
Household size: _____ Household Annual Income: _____

Reason for Referral

( ) Discharge from acute care	( ) Eating Disorder	( ) Depression
( ) Behavior Problems	( ) Substance Abuse	( ) Anxiety
( ) Family Issues	( ) Psych eval	( ) Physical Abuse
( ) Problems at school	( ) Sexual Abuse	( ) Psychosis
( ) Suicidal Thoughts	( ) Homicidal Thoughts	( ) ADHD
Additional Comments:		

To be completed by Region IV Staff

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Payment Information:

Please attach copy of insurance card or enter the following information:
Policy Holder Name: _____ Relation: _____
Address: _____ City, State, Zip: _____
Primary Insurance Co: _____ Phone Number: _____
Policy Holder SSN: _____ Policy Holder DOB: _____
Insurance ID No: _____

Secondary Insurance Co: _____ Phone Number: _____
Policy Holder SSN: _____ Policy Holder DOB: _____
Insurance ID No; _____

NOTE: Insurance Verifier must have three business days prior to scheduled intake to enter information in Essentia and verify insurance.

Date/Time of intake appointment and with whom: _____