Referral Form

Applicant Information

Name:			Date of Referral:	
Physical Address:		City:	State:	Zip
Mailing Address:		City:	State:	Zip:
Telephone:	Other Telephone:	Date of Birth:	Gender: ☐ Male ☐ Female	
MaineCare #:	Social Security #:		Class Member: ☐ Yes ☐ No	

Guardian Information

Guardian Name:			
Address:	City:	State:	Zip:
Primary Telephone:	Other Telephone:		

Referral Information

Person Making the Referral:	Agency:		
Address:	City:	State:	Zip:
Primary Telephone:	Other Telephone:		

Service Request Information

Type of Service Requested:
- ☐ Daily Living Support
- ☐ Skills Development
- ☐ Community Integration

Requested Hours for Service:

Paramount Behavioral Services, Inc.
58-A Elm Street, Waterville, ME 04901
Phone: (207)660-9124 Fax: (207)660-9126
Email: admin@paramountbehavioral.com

Referral Form

Desired Start Date of Service:
Description of Needs/Goals Desired:
Medical/Conditions/Concerns:
Additional Comments:
Diagnostic Information
Axis I:
Axis II:
Axis III:
Axis IV:
GAF Score:
Requested Information
Requested Information *(if available)*: ☐ Releases ☐ Current ISP/Treatment Plan/Crisis Plan ☐ Current LOCUS Assessment ☐ Current Diagnostic Axis I-V ☐ APS Authorization ☐ Medication List
Person Completing Form
Person Completing Form: Signature: ______________________________ Date: ____________

Paramount Behavioral Services, Inc.
58-A Elm Street, Waterville, ME 04901
Phone: (207)660-9124 Fax: (207)660-9126
Email: admin@paramountbehavioral.com