Paramount
Behavioral Services, Inc

Referral Form

Applicant Information:

Name: _____ **Date of Referral:** _____

Physical Address: _____**City:**_____**State:**_____**Zip:**_____

Mailing Address: _____**City:**_____**State:**_____**Zip:**_____

Telephone: _____ **Date of Birth:**_____ **Gender:** ____**M** ____**F**

MaineCare #:_____ **Social Security #:**_____ **Class Member:** ____**Y** ____**N**

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:**_____

Services Requested:

- ☐ **Daily Living Support**
- ☐ **Skills Development Service**
- ☐ **Community Integration**
- ☐ **Outpatient Therapy**
- ☐ **Clinical Assessment**
- ☐ **Payee Services**

If Referring for CIW services do you have a preference for a male or female CIW?

- ☐ **Male**
- ☐ **Female**
- ☐ **No preference**

Requested hours for service:_____

Desired start date of service:_____

Description of Needs/Goals Desired: _____
_____

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

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Medical/Conditions/Concerns: _____
_____

Additional Comments: _____
_____

Diagnostic Information:

Axis I: _____
_____
_____

Axis II: _____
_____
_____

Axis III: _____
_____
_____

Axis IV: _____
_____
_____

GAF Score: _____

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: _____

Signature: _____ **Date:** _____

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