ST. MARY'S COUNTY HEALTH DEPARTMENT
Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330
Environmental Health: 301 – 475 – 4321
Medical Assistance Transportation: 301 – 475 – 4296
Maryland Relay Service: 1 – 800 – 735 – 2258
Email: jaimel.barnes@maryland.gov

Behavioral Health Coordination Referral

Full Name: _____ Date of Birth: _____

Race: _____ Gender: _____ Marital Status: _____

Housing Status: (Circle All That Apply)

Independent Housing Homeless

Transient (Temporary/shelter/couch surfing) Medical Respite

Address: (If Applicable) _____
_____

Phone Number: _____

Cell: _____ Work: _____ Alternative: _____

Health Insurance (if any): □yes □no □none

Insurance Carrier: _____

ID #: _____ Group #: _____

Reason for Referral: (Circle One)

□ Mental Health □ Substance Use □MAT (medication assisted treatment) □Suicide Prevention Support □Peer Support □ Primary Care Physician □ Psychiatrist □Food Housing Clothing □ Health Insurance □ Recovery Services □ Intake & Referral □ Care Coordination □ Recovery Friendly Workforce □ Health Hub □ Harm Reduction

Please list any other agency involvement if any:
_____
_____
_____

List recent known hospitalizations:

Hospital: Date: Brief Reason:

_____

_____

_____

List any past treatment services you have received for mental health or substance use conditions:

_____

_____

_____

Referral Source:

Referral agency/office: _____
Name: _____
Contact Information: _____

I certify that the above information is correct to the best of my knowledge. This referral will expire 90 days from the date listed above. I understand that once information covered by this authorization has been disclosed, redisclosure of the information by that recipient is possible and the information may no longer be protected by the federal regulations reference above but may be protected by Maryland law.

Client Signature: _____

Date: _____

Please return referral Attention to: SMCHD, Behavioral Health Division

Email: smchd.lbha@maryland.gov

Fax: 301-363-0312