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Suite 101  
The Dalles, OR 97058  
1-541-298-2101

## GOBHI Care Management Referral Form

Revised August 2017

For questions about this form, please call GOBHI at 541-298-2101 and ask for the Care Management Team.

Please submit Care Management referrals by either: 1. Faxing to GOBHI at 541-298-7996, or 2. Emailing to <a href="mailto:care.management@gobhi.net">care.management@gobhi.net</a>			Date		
<b>Member Information</b>					
Name			Date of birth		
Age	Medicaid ID	Medicare ID	Phone number		
Physical address					
Mailing address (if different)					
Is there a guardian?      Yes      No			Is child in DHS custody?      Yes      No		
Name of guardian			Phone number		
Name of caregiver			Phone number		
Legal status      Non-hospital (peace officer or CMHP director) hold or custody      Hospital (physician) hold      Under civil commitment On a trail visit      Probation      Other:					
<b>Community Provider</b>					
Is person connected to a Community Provider? Yes      No			If yes, which Community Provider?		
Primary mental health diagnosis (include F-code if possible)			Primary SUD Diagnosis (include F-code if possible)		
Name of person referring			Phone number		
Relationship to member      Community Behavioral Health Providers      State Hospital      Self      Caregiver Physician / Hospital      Social Worker / Hospital      Facility      PCP GOBHI Clinical Team -- UM/CM/Member Services/OABHI/Children's Team      Other:					
<b>Current living situation:</b>					
Acute Hospital      Home in Community      Supported Housing      Adult Foster Home      Foster Home (child)      State Hospital Therapeutic Foster Home (child)      Jail      Juvenile Detention      Homeless      Other:					
Facility (name)					
Current needs & concerns (attach additional sheets if needed)					
Current Barriers to care or appropriate recovery situation (attach additional sheets if needed)					
Is there currently a care management plan in place? Yes      No			If yes, where?		
Does member know about this referral? Yes      No			If connected to a community mental health provider, does the provider know about this referral? Yes      No		
This referral is for: Complex Care Management      Care Coordination			Is this urgent? Yes      No		
Please attach at least 3 progress notes, the most up to date service plan, a current mental health assessment, and a medication list.					
<b>Disclaimer:</b> GOBHI's Care Management team does not provide emergency or crisis services. If you have an immediate need, please call 911 or contact the local Emergency Department, Community Mental Health Program, or Primary Care office.					