



401 E. 3rd Street
 Suite 101
 The Dalles, OR 97058
 1-541-298-2101

GOBHI Care Management Referral Form

Revised June 2019

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 care.management@gobhi.org			Date		
Member Information					
Name			Date of birth		
Age	Medicaid ID	Medicare ID	Phone number		
Physical address					
Mailing address (if different)					
Is there a guardian?			Is child in DHS custody?		
Yes No			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 trial visit Probation Other:					
Community Provider					
Is person connected to a Community Provider?			If yes, which Community Provider?		
Yes No					
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:					
Current living situation:					
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?			If yes, where?		
Yes No					
Does member know about this referral?			If connected to a community mental health provider, does the provider know about this referral?		
Yes No			Yes No		
This referral is for:			Is this urgent?		
Complex Care Management Care Coordination			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.					
Disclaimer: 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.					