



# BEHAVIORAL HEALTH REFERRAL ASSESSMENT FORM

6704 Curtis Court  
Glen Burnie, MD 21060  
Behavioral Health Department:  
FAX: 410-424-4666  
PHONE: 1-800-261-2429

**Instructions:** Complete this form and either submit by mail or fax.  
You will receive confirmation once processed.

**\*Required Field**

Member Information	
* Date:	Name (Last, First, MI):
*Member #	*Best time to call: 8-10am 10-12am 12-2pm 4-6pm 6-9PM
*Current Phone:	
Alternative Phone:	
*Current Address:	Alternative Address:
City:	City:
State:	State:
Zip code:	Zip code:
What types of drugs is the member using? (opiates, benzos, alcohol, marijuana, and cocaine)	
What type of substance treatment is the member requesting? (methadone maintenance, outpatient detox, partial hospitalization program, and intensive outpatient program)	
Brief description of medical issues:	
*Referring Person:	*Email: