Primary Care Clinician Guide to Mental Health Referrals

Sequence in Referral Process

1. Primary Care Provider (PCP) recognizes need for mental health referral.
2. PCP explains reasons for mental health referral and recommends appropriate level of care and type of mental health services (i.e. counselor, psychologist, psychiatrist).
3. Patient and family may not agree to seek help from a mental health specialist. If patient and/or family resists, clinician and/or office staff provides education, support and counseling, and reinforces the need for mental health referral.
4. If patient and family are amenable to the referral, a mental health specialist is selected based upon a variety of factors, such as geographic location, insurance coverage, goals of treatment, and if combined therapy with antidepressants will be used.
5. Once a referral is made, the PCP should complete the REFERRAL form (see Form I), which will be given to the parent to give to the mental health provider (MHP). This form is designed to be useful even when the name of the MHP is not yet known. On this form, the PCP should include his/her office contact information to facilitate further communication and follow up. If the patient’s parent or guardian has not signed the practice’s HIPPA-compliant release of information form, he/she should sign one at this time. As the parent is giving the form directly to the MHP him/herself, no specific releases need to be signed. Alternatively, if the name of the MHP is known the form can be sent directly to the MHP, providing that specific consent signatures have been obtained (PCPs should consult their own privacy or HIPPA (U.S. only) advisor).
6. In order to facilitate timely follow up, the PCP may also provide the MHP with a Release of Information and Report form (see Forms Ila and IIb). Form IIb is designed to enable the MHP to promptly communicate basic impressions and recommendations from the evaluation to the primary care clinician after release signatures are obtained. The MHPs may need to use their own release forms instead of Form Ila which should be vetted by their own representative before official use. The forms may be adapted.
7. The PCP should obtain consent for ongoing communication with the MHP if the MHP is to provide ongoing treatment.
8. Primary care and mental health providers should carefully define and discuss follow-up roles and continue to coordinate patient care until presenting problems are resolved.
FORM I: REFERRAL from Primary Care to Mental Health (to be given to parent)

Referral from PCP to MHP (Information to be provided by Primary Care Provider)

Dear Colleague:

I am happy to be referring: ______________________ on ________________ for ____________________________

(Patient’s Name- Please Print) (Date) (Reason/Diagnosis)

Summary:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

The patient has the following allergies: __________________________________________________________----------

Is on these medications:__________________________________________________________________________

And has these significant health problems: ____________________________________________________________

The patient had these recent tests:

Lab tests for the following: _____ CBC Date: _____  _____ Thyroid Studies Date: _____

Results: _____  Results: _____

_____ Chem Panel Date: _____  _____ EKG Date: _____

Results: _____  Results: _____

Other:_________________________________________________________________________________________

I am I am NOT willing to help manage mental health medications.

***I would like to hear back from you at your earliest convenience. I have attached Forms IIa and IIb to facilitate this feedback.

___________________________  ______________________________  _____________________________
(Provider Signature)  (Printed Name and Title)  (Phone)  (Fax)

Address:_______________________________________________________________________________________