

REFERRAL FORM



AuHvee Behavioral Health, LLC

People Are Our Passion

Mail, Fax, or Email this form to:

AUHVEE BEHAVIORAL HEALTH, LLC

Address: 11828 Fishing Point, Dr, Suite 102, Newport News, VA 23606

Phone: (757) 585-3282

Email: auhveebh@gmail.com

Web: www.auhveebh.com

Individual's Name:

Date of Birth:

Phone Number:

Address:

Diagnosis:

Medicaid Number:

Type of Waiver:

ISP Dates:

From:

To:

Quarterly Dates:

Brief Reason for Referral:

Affiliated CSB:

Support Coordinator's Name:

Phone # :

Email Address:

Person Completing Referral Form:

Relationship to Individual:

Phone # :

Email Address:

The following documents must be included or uploaded in WAMS for review:

- ISP; parts 1-4
- Psychological Evaluation
- Physical and PPD w/in 30 days
- VIDES and SIS
- Annual Risk Assessment and RAT
- Choice of Medicaid form
- Release/disclosure form
- Guardian/POA (if applicable)
- VA Informed Choice form
- ID, SSA card, insurance card, etc.