



# M & M Behavioral Health Solutions, LLC

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[www.MMBHS.com](http://www.MMBHS.com)

Referral Form for: \_\_\_\_\_ Mental Health Services \_\_\_\_\_ Substance Abuse \_\_\_\_\_ Both

## Client Information:

Date:			
Name:			
DOB:		Social Security Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Race:			
Current Address:			
City:		State:	Zip Code:
Phone Number:		Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Number:		Message ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			

## Financial/Insurance Information:

Type of Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Pay	
<input type="checkbox"/> Private Insurance: <input type="checkbox"/> Other:	
Insurance/Policy #	Group #
If Private Insurance – Policy Holders Name:	
DOB:	SSN:
Client Relationship to Insured:	

## Referral Source Information: Complete this section so we can contact you after the referral is made.

Referral Source:	Contact Name:	
Address:		
City:	State:	Zip Code:
Phone #	Email address:	
How did you hear about M & M Behavioral Health Solutions?		

Additional Comments \_\_\_\_\_

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