Life Consultants Inc.
A Resource For The Mental Health Community

Life Consultants Inc / New Heights Community Support
4020 Portsmouth Blvd.
Chesapeake VA 23321
Phone: 757-529-8844
Fax: 757-525-4927

Notice of Referral

Date: _____

How did you hear about us?	*Referral Source Information* Facility:
*Patient Name: *Date of Birth:	*Name:*
*Address: Private ☐ Shelter ☐	*Phone:* *Fax:*
*Secondary Address:	Are you currently receiving any MHSB services? ☐ No ☐ Yes
*Phone Number: *MCO: *Patient MCO#: *Medicaid#:	
*Emergency Contact Name: *Relationship: *Phone Number:	
*Do you have a current mental health diagnosis? Please list:	
*Current Psychotropic Medications/Dosages:	Last Hospitalization Date and Location:

Current Contact Phone Number (If Different than Permanent):

Pin Number?: ☐ No ☐ Yes _____ Anticipated Discharge Date:

Briefly describe the chief complaint/reason for referral:

***Admin, Please select the best reason for referral based on the information provided above:**

- Aggressive Behavior
- Have difficulty in establishing or maintaining normal interpersonal relationships
- Emotional Problems
- Inadequate nutrition
- Health or safety is jeopardized
- Repeated interventions by the mental health, social service, or judicial System
- Unable to recognize personal danger
- Unable to recognize significantly inappropriate social behavior
- Talks to him/herself
- Hears Voices
- Major Depression
- Paranoid Schizophrenic

Please detail any other information below:

Admin Team Use Only Date/Time Received: Admin Reviewed: Received Via: