



North Texas Behavioral Health Authority (NTBHA)
KAUFMAN BRIDGE Referral Form

Client Information: Client Name, Client Email, Date of Referral, Address, Phone Number, County of Residence, Date of Birth, SSN, Referrant Information: EMERGENCY CONTACT NAME, Phone, Referring Agency, Contact Name, Contact's Email, Contact's Phone

Reason for Referral:

Type of Insurance: No Insurance, NTBHA, Unknown, Medicare, Chip Perinate, Private Insurance, Medicaid: Type of Medicaid

Mental health diagnosis? Depression, Bipolar, Schizophrenia, Schizoaffective Disorder, Other, Unknown, Prior Mental Health Treatment: Yes, No, Unknown

Current Mental Health Treatment: Yes, No, Unknown, If YES, where?

Drug use? Yes, No, Unknown, Prior Substance Use treatment? Yes, No, Unknown, Current Substance Use treatment? Yes, No, Unknown, Current Opioid Use: Yes, No, Unknown

If YES, where in treatment?

Drugs being used: Any IV drug use (current/history): Yes, No, Unknown, Currently Pregnant: Yes, No, N/A

Problems at Work/School Due to Use of drugs or mental health: Yes, No, Unknown

Family/Social/Environmental Problems due to use of drugs or mental health: Yes, No, Unknown

Are they safe to be seen by staff alone or would someone need to be present?

Safe to be seen alone with staff? What are the safety concerns?

Will they need an interpreter? Yes, No, For what language?

Date of release/discharge: Last Prescriber:

Number of days of medication given:

Medication Prescribed with dosage:

Other pertinent information needs: