



# Beech Brook

## College Now - Outpatient Behavioral Health Referral

Date: \_\_\_\_\_

Name:	
Address:	Date of Birth:
Phone Number:	Email:
Insurance Type:	

Name & Title of Person Initiating Referral:	
Phone:	Email:
Is the person being referred a College Now recipient?	
Was the person notified of the referral?	

---

**Check all related mental health concerns:**

- Anger Management** (arguing, irritability, fighting, yelling, etc.)
- Trauma/PTSD** (abuse, domestic violence, witnessed trauma, etc.)
- Depressed Mood** (overall sadness, low/restricted activity levels, crying, poor appetite)
- Anxiety** (acting in a fearful manner, appears overly stressed, inability to cope with daily functioning, panic)
- Adjustment** (recent changes or stressors impacting functioning)
- Other:**

Please describe the reason for completing this referral:
--