

# Behavioral Health Referral Form

## 1. Patient Information

Patient Name:	Birthdate:	Sex:	Male Female	Weight	lbs. kg
Preferred Phone:	Known Allergies				
Address:	City:	State:	Zip:		

**\*\*Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)\*\***

## 2. Prescriber Information

Prescriber Name:	NPI#	Tax ID#
Address:	Phone:	Fax:
City, State, Zip:	Key Contact:	

## 3. Diagnosis/Clinical Information

Diagnosis:
ICD 10:
Failed medications (dose and duration):
Past medical History: <input type="checkbox"/> Patient has a history on noncompliance with oral medications,

**\*\*Please FAX recent clinical notes, labs, and tests with the prescription to expedite the Prior Authorization\*\***

## 4. Prescription Information

Medication	Dose/Strength	Sig	QTY.	Refills
Vivitrol®	380 mg	Inject 380mg IM every 4 weeks or once a month	1 Kit	
Abilify Maintena®	300 mg 400 mg	Inject IM every 4 weeks Other:	1 Box	
Abilify Asimtuff®	720 mg 960 mg	Inject IM in gluteal muscle every 2 months	1 Box	
Aristada Initio®	675 mg	Inject IM 675mg with maintenance Aristada® dose and Take 1 30mg aripiprazole tablet with injection	1 Box QS	
Aristada®	440 mg 662 mg 882 mg 1064 mg	Inject IM once every 4 weeks Inject IM once every 6 weeks Inject IM once every 8 weeks Other:	1 Box	
Invega Sustenna®	39 mg/0.25 mL 78 mg/0.5 mL 117 mg/0.75 mL 156 mg/mL 234 mg/1.5 mL	Inject IM once every 4 weeks Other:	1 Box	
Invega Trinza®	273 mg/0.875 mL 410 mg/1.315 mL 546 mg/1.75 mL 819 mg/2.625 mL	Inject IM once every 12 weeks Other:	1 Box	
Invega Hafira®	1.96 /3.5 mL	Inject IM once every 12 weeks	1 Box	
Risperdal CONSTA®	12.5 mg 25 mg 37.5mg 50 mg	Inject IM every 2 weeks Other:	1 Box	
Spravato®	56 mg 84 mg	Inhale per instructions of HealthCare provider Not to be dispensed directly to patient without supervision		

**Prescriber Signature:** Prescriber, please sign and date below

Date

**I authorize Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.**

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

