River Valley Counseling Center

CLIENT #: _____

In-Home BEHAVIORAL Service Request Form

Date of Referral: _____ Language Spoken by Client: _____ By Parent: _____

NAME of Child: _____ D.O.B.: _____

Gender (Legal): _____ How Identifies: _____ Pronouns: _____

Address: _____ City: _____ Zip: _____

Phone number(s): _____

PARENT or GUARDIAN (name and rel'n): _____

Referred by: _____ Agency: _____ Phone#: _____

Custody Status: _____

Name of School Child Attends: _____

Insurance Information BHCA: ☐

MMIS Number: _____ Policy #: _____

MBHP: ☐ Be Healthy: ☐ Wellsense/BMC/Fallon: ☐ Tufts/Healthy Together: ☐ Optum: ☐

Other insurance not listed: _____

Reason for Referral:

Problem behavior(s) to be addressed (home/school/community). BE SPECIFIC:

Diagnoses:_____

**** PLEASE FAX TO 413-594-1912 or scan and email to: rvccCBHIreferral@holyokehealth.com ****

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Behavior Issues/Symptoms Continued:

AREAS COVERED BY RVCC IHBS TEAM: All Hampden County towns; the following Hampshire Co. towns: Northampton, Hadley, Easthampton, Belchertown, Amherst, So. Hadley, Hatfield, Westhampton, Southampton, Williamsburg, Granby, Pelham

IHT Coordination Only

Received: _____ Assigned date: _____ Assigned to: _____