



REFERRAL SHEET

Crimson Heights Behavioral Health

Individualized, wraparound support for every person we serve.

CALL OR TEXT (435) 705-7574

FAX (435) 249-7010

EMAIL info@crimsonheightsbh.com

WEB crimsonheightsbh.com

1 REFERRAL SOURCE

NAME	AGENCY / ORGANIZATION	ROLE / TITLE
PHONE	EMAIL	DATE OF REFERRAL

2 INDIVIDUAL REFERRED

FULL NAME	DATE OF BIRTH	PARENT / GUARDIAN (IF APPLICABLE)
PHONE	COUNTY / LOCATION PREFERENCE	PREFERRED CONTACT
		☐ Call ☐ Text ☐ Guardian

3 SERVICES REQUESTED

- ☐ Day Treatment
- ☐ Intensive Outpatient (IOP)
- ☐ Adult Skills
- ☐ DSPD Habilitative / Life Skills Supports
- ☐ Other

4 FUNDING

- ☐ Medicaid plan:
- ☐ Commercial insurance carrier:
- ☐ DSPD Support Coordinator:
Coordinator phone / email:
- ☐ Private pay Member ID:

5 REASON FOR REFERRAL AND GOALS

BRIEF SUMMARY, STRENGTHS, AND GOALS FOR SUPPORT

6 URGENCY AND SAFETY

Urgency: ☐ Routine ☐ Soon ☐ Urgent Safety concerns: ☐ None known ☐ Yes, described below

SAFETY, RISK, MEDICAL, OR BEHAVIORAL CONCERNS WE SHOULD KNOW ABOUT

Crimson Heights is not an emergency service. If someone is in immediate danger, call 911, or call or text 988.

7 ATTACHMENTS

- ☐ Insurance card (front and back)
- ☐ Recent assessment or evaluation
- ☐ IEP / 504 plan (schools)
- ☐ DSPD support plan
- ☐ Other

8 CONSENT / RELEASE OF INFORMATION

- ☐ A signed ROI is attached or on file for this referral.
The individual or legal guardian agrees to this referral and to information sharing with Crimson Heights for intake and care coordination.

REFERRAL SOURCE SIGNATURE

DATE

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HOW TO SEND

Fax (435) 249-7010

Call or text (435) 705-7574 to arrange a secure transfer.

Please do not email PHI unless it is encrypted.

NEXT STEPS

- 1 Our intake team members review your referral and reach out promptly.
- 2 We confirm fit, benefits, and authorization with you and the family.
- 3 We coordinate a start date and keep you updated as care begins.