Khalanis Kure Inc., doing business as Unity First Wellness
1718 Belmont Avenue, Suite D, Windsor Mill, MD 21244
Phone 240.898.2243 | Secure Fax [SECURE FAX: ENTER]
care@unityfirstwellness.com | unityfirstwellness.com
Unity First Primary Care • Unity First MindCare • Unity First Wellness & Prevention

BEHAVIORAL HEALTH AND PSYCHIATRIC SERVICES REFERRAL

Referral for psychotherapy, psychiatric care, testing, substance use treatment, or a higher level of behavioral health care

* Required field. Fields without an asterisk are optional or complete when applicable. Do not include Social Security numbers.

SECTION A PATIENT DEMOGRAPHICS

Full Legal Name (Last, First, Middle) *	Preferred Name	Date of Birth (MM/DD/YYYY) *	Medical Record Number *

Street Address, City, State, ZIP *	Primary Telephone *	Email

Preferred Language *	Sex Assigned at Birth / Gender Identity (as documented)	Parent or Legal Guardian (if applicable) and Phone

Interpreter Required * ☐ Yes ☐ No

SECTION B INSURANCE AND PROCESSING *Behavioral health benefits may be managed by a separate payer or ASO*

Primary Insurance and Plan *	Member ID *	Medicaid MCO or Behavioral Health Payer	Secondary Insurance

Prior Authorization Required * ☐ Yes ☐ No ☐ Unknown

Authorization Status * ☐ Not required ☐ Not yet requested ☐ Submitted, pending ☐ Approved ☐ Denied ☐ Receiving provider obtaining

Authorization Number (approved only)	Authorized Visits or Units / Dates	Verified By / Date *

SECTION C RECEIVING PROVIDER AND SERVICES REQUESTED

Receiving Provider or Program *	Phone *	Secure Fax *	NPI (if needed)

Address	Appointment Date (if scheduled)

Requested Services *

☐ Diagnostic assessment
☐ Individual therapy
☐ Family or couples therapy
☐ Trauma focused treatment
☐ Medication management
☐ Psychological testing
☐ Neuropsychological testing
☐ Substance use evaluation
☐ Substance use treatment
☐ IOP evaluation
☐ PHP evaluation
☐ Higher level of psychiatric care
☐ Other behavioral health service:

SECTION D PSYCHIATRIC CLINICAL INFORMATION *Minimum necessary for this referral*

Psychiatric Diagnosis *	ICD-10-CM *	Status
		☐ Established ☐ Provisional
		☐ Established ☐ Provisional
		☐ Established ☐ Provisional

Presenting Symptoms (patient reported and observed) *	Onset and Duration *

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Functional Impact (work, school, home, relationships) *	
Relevant Psychiatric History	**Psychiatric Hospitalizations (dates)**
Current Psychiatric Medications and Doses	**Previous Medication Trials and Response (if pertinent)**
Prior Psychotherapy (type, duration, response)	**Relevant Medical Comorbidities**
Substance Use Concerns *	☐ None identified ☐ Present, described below ☐ Not assessed
Substance use summary (only what is relevant to the requested service)	

SECTION E SAFETY AND LEVEL OF CARE CONSIDERATIONS

Suicidal Ideation (current) *	☐ Denied ☐ Passive ☐ Active without plan ☐ Active with plan or intent ☐ Not assessed
Homicidal Ideation (current) *	☐ Denied ☐ Present ☐ Not assessed
Self Harm (past 90 days)	☐ No ☐ Yes ☐ Unknown
Psychosis or Mania Concerns	☐ No ☐ Yes ☐ Unknown
Relevant Risk Factors	**Protective Factors**
Screening Tool and Date (for example C-SSRS, PHQ-9, GAD-7)	**Current Safety Concerns**
Safety Plan	☐ Completed and attached ☐ Completed, on file ☐ Not clinically indicated ☐ In progress
Rationale for Requested Level of Care *	
Referral Urgency *	☐ Routine ☐ Expedited ☐ Urgent

Crisis and emergencies: Imminent risk of harm to self or others requires immediate crisis or emergency response, not routine referral. Call 911, contact the 988 Suicide and Crisis Lifeline (call or text 988), or arrange emergency department evaluation, and document the response.

SECTION F REFERRING CLINICIAN

Clinician Name and Credentials * Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC	**Individual NPI** *	**Organization NPI (if required)**	**Maryland Medicaid Provider ID (if required)**
Practice * Unity First Wellness	**Phone** * 240.898.2243	**Secure Fax** *	**Secure Email or Direct Address**
Records Attached	☐ Recent progress note ☐ Psychiatric evaluation ☐ Medication list ☐ Screening results ☐ Safety plan ☐ Other:		
Substance Use Records	☐ None included ☐ Included; Part 2 consent on file ☐ Included; not Part 2 records		
Referring Clinician Signature *	**Date (MM/DD/YYYY)** *	**Printed Name and Credentials** * Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC	

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Request to receiving provider: Please send intake outcome, evaluation findings, and treatment recommendations to Unity First Wellness by secure fax or secure electronic exchange.

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