



Dr. Tiffany L. Lee, CEO

# Greenlee Behavioral Health Services

778 Rays Road, Suite 100-104

Stone Mountain, GA 30083

Email: [info@greenleebhs.com](mailto:info@greenleebhs.com)

Office: (404) 298-1230

Fax: (404) 294-5550

## Intake Referral Form

(Please print clearly)

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

Referred By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Court Mandated? Y\_\_N\_\_

**\*\*Does Individual currently receive services from another agency? Y\_\_N\_\_**

Reg Medicaid  Amerigroup  Wellcare  Cenpatco

Care Source  Medicare  No Insurance (FFS)

### Individual Information:

Individual Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

SSN: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Race: African American  Caucasian  Asian  Hispanic

Gender: Male  Female  Language: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### Services Requested:

- CORE (family, individual, group, and skills) (1-3x per week)
- IFI (Intensive Family Intervention) (3-5x per week)
- Psychiatric Treatment
- Psychological Testing

**Reason for referral:** Truancy  Disruptive Behavior  Sign Of Depression  Anger Issues

Academic Issues  Anxiety  Substance Abuse  Counseling  Psychosis

Psychiatric/Psychological Evaluation  Other \_\_\_\_\_

- Diagnosis: \_\_\_\_\_
- Hospitalization History: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Legal Issues: \_\_\_\_\_
- Other: \_\_\_\_\_