



1213-IHBS REFERRAL COVERSHEET

Referred to: Changing Tides Remi Vista

Date

CONTACT INFORMATION

Child's Name

BH Case #

DOB

Parent/Guardian Name

Phone #

Current Caregiver Name

Phone #

Current Address

Zip Code

ICC Coordinator

Phone #

Social Worker

Phone #

Behavioral Health Clinician

Phone #

IHBS Provider

Phone #

DOCUMENT CHECKLIST

(Please attach the following)

| | Yes | No | Comments |
|---|--------------------------|--------------------------|-----------------|
| <i>IHBS Release of Information</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>IHBS Medical Necessity/Authorization</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>IHBS Assessment</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>1096 Assessment (most recent)</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>1096 Diagnosis</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>1173 Mental Status Exam</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>1014 Client Plan</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>Client Information Form</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>Client Health History</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <i>Medi-Cal Verification</i> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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CONFIDENTIAL PATIENT INFORMATION (SEE CA W & I CODE 5328, 42 CFR PART 2)

DHHS-BH Form 1213 (Rev 6/2/20), Policy 1001.100