

Behavioral Health Care Coordination Form

Our Behavioral Health Department is here to support you, our providers and Primary Care Physicians, in coordinating mental health and substance use disorder services for your patients, our members.

If you're working with a member who may benefit from Care Coordination, please complete this form with relevant information (not all fields are required) and submit via one of the following:

- Fax: 616.975.0249
- E-mail: phbhreferralcoordinator@priorityhealth.com

If you have questions or need additional assistance, please call us at 800.673.8043.

Section 1 – Provider information

Primary care physician / provider / clinic	Phone number ()	Fax number ()	
Street address	City	State	ZIP

Section 2 – Patient information

Patient name	Date of birth	Date of evaluation
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Section 3 – Clinical information

Reason for referral or care coordination
Diagnoses
Medications currently prescribed
Treatment plan(s) or recommendations
Other pertinent information
Follow-up recommended

Provider Name: _____ Date: _____