

# S.T.A.R. Referral Form



Date of Referral: \_\_\_\_\_ Referred by: Clinic  Doctor  Self  Family/ Friend

## Member Information

Behavioral Health Provider  Other

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AHCCCS ID#: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_ Title XIX  Non-Title XIX

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Relevant medical conditions or allergy risks: \_\_\_\_\_

Does member have any behaviors or needs that require additional attention from S.T.A.R. staff: \_\_\_\_\_

Is the members an immediate or imminent danger to self or others? Yes  No

Cross System Involvement: DDD  Probation

Please list any chronic physical health issues the member is currently being seen for: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

## Guardian's Information (if applicable)

Guardian's Name: \_\_\_\_\_ Guardian's Relationship to member: \_\_\_\_\_

Guardian's Phone# (if different from above): \_\_\_\_\_ Best time to contact: \_\_\_\_\_

## Assigned Clinic Information

Assigned Clinic Agency: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_

Case Manager Email Address: \_\_\_\_\_

Areas of interest to the member:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Peer Support              | <input type="checkbox"/> Recovery Focused Groups        | <input type="checkbox"/> Discharge Care Coordination      |
| <input type="checkbox"/> Individual Counseling     | <input type="checkbox"/> Group Counseling               | <input type="checkbox"/> Opioid Support Groups            |
| <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Job Skills                     | <input type="checkbox"/> Young Adult Program (Ages 18-25) |
| <input type="checkbox"/> Transportation            | <input type="checkbox"/> Health, Wellness, and Exercise | <input type="checkbox"/> NTXIX Chronic Medical Services   |

Location of interest to member:

- S.T.A.R. Central (Phoenix)       S.T.A.R. East (Mesa)       S.T.A.R. West (Avondale)