Social Work Referral Form

Please note:

- For concerns about a member's mental health, referral for behavioral health services, substance use, or referral for substance abuse treatment, please direct your referral to the behavioral health team at (bhc-group@premierbhc.com).

  Referral made: ☐ Yes ☐ No Date of Referral: _____

- If you have reason to believe that the member is being abused or neglected, please file an APS report immediately at the appropriate County APS reporting site.
- Contacts are located at the bottom of the referral form.

Process: Approved referrals will be reviewed and assigned within one business day. The referrer will be notified of the approval and at the time of assignment. Social workers will follow up with all assigned members within 2 business days.

Send referral to: SWReferralNorth@regalmed.com or SWReferralSouth@regalmed.com (based on location) or fax to **(818) 540-3258**

Please check yes or no if the member has been informed of this Social Work referral:

☐ Yes ☐ No

Referral Source: ☐ Clinic PCP ☐ IPA PCP ☐ Inpatient CM ☐ SNF CM ☐ Outpatient CM ☐ RMD ☐ Other (describe)			Referral Date:
Referred by:			☐ RMG ☐ LCH
Member Name:			ID:
Date of Birth:	Insurance:		LOB:
Best Contact Number for Member:		Language:	

Reason for Referral (check appropriate box(es))	**Select (X)**
Needs referral to community resources (e.g. food assistance, financial assistance, transportation, legal assistance)	☐
Fall Risk Assessment (assessing for risk after previous falls reported using STEADI toolkit): - Has the member fallen within this last year? ☐ Yes ☐ No ☐ Unknown	☐
Needs assistance with Advanced Care Planning (provide education and assistance with completion): ☐ Advanced Directive ☐ POLST ☐ DPOA/POA ☐ Conservatorship* (assistance with filing after lack of capacity established)	☐

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Concerns about psychosocial barriers to medical treatment adherence	☐
Follow-up needed with member after an APS report has been filed - Has abuse/self-neglect (APS report been filed?) ☐ Yes ☐ No Date filed: _____	☐
MEDI-CAL ONLY: Needs assistance with MLTSS programs (i.e. IHSS, CBAS, MSSP)	☐
Needs other caregiver/respite resources	☐
Other (please explain):	☐
Synopsis of Case/Reason for Referral: *(please include all relevant information regarding the case, including face sheet, diagnoses, home situation, support system, additional providers, etc. Include any relevant history of behavioral health concerns that may be pertinent to this case or home/field visitation).*	

APS Contacts by County in which suspected abuse or neglect took place:

County Aps Reporting Information		
Los Angeles	(877) 477-3646	Los Angeles County Website
Ventura	(805) 654-3200	Ventura County Website
Orange	(800) 451-5155	Orange County Website
San Bernardino	(877) 565-2020	San Bernardino County Website
Riverside	(800) 491-7123	Riverside County Website
San Diego	(800) 339-4661	San Diego County Website

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