

ALASKA BEHAVIORAL HEALTH



4045 Lake Otis Parkway • Anchorage, Alaska 99508 • 907-561-0954 • (Fax) 907-561-7093 • e-mail: info@akbh.org • website: www.alaskabehavioralhealth.org

Provider Referral Form

Before submitting a referral, please confirm that the client is interested in receiving services, and note the following:

- We do not provide ongoing clinical services based solely upon court order or probation or parole office request. All services must be medically necessary as determined by an AKBH clinician or medical provider and consented to by the client/patient and/or guardian as part of an individualized treatment plan.
- We do not provide evaluations for parental fitness, child custody, fitness for duty, disability, worker's compensation, or other forensic purposes.
- We do not provide sex offender treatment.

Please choose best option below: (This will help us route your request to the best first contact; all options will be considered to best serve the client.)

- Adult, Interior & Northern Alaska (including Fairbanks)
- Child, Interior & Northern Alaska (including Fairbanks)

- Adult, Southcentral (including Anchorage), Southwest or Southeast
- Child, Southcentral (including Anchorage), Southwest or Southeast
- Steven A. Cohen Military Family clinic

Today's Date

Referred by: _____ Title: _____ Telephone: _____

Facility/Office Name _____

Client Information

Name: _____ Date of Birth _____ SS# _____

Address: _____

Phone: _____ Insurance: _____

Guardian's Name & Phone # (if applicable) _____

Previous/Current Diagnosis if known _____

Reason for referral: Anxiety, Depression, PTSD, ADHD or other mental health or substance use related condition _____

Please FAX completed form and medical records to **907-561-7093**.