



Magellan Behavioral Health of Pennsylvania, Inc.
Referral for Intensive Behavioral Health Services Assessment

CURRENT WRITTEN ORDER & AUD MUST BE ATTACHED

Attention: Care Worker Team

PLEASE NOTE: Magellan is unable to make referrals for children with Act 62 benefits through their Primary Insurance Policy.

Checkboxes for counties: Bucks Co, Cambria Co, Delaware Co, Lehigh Co, Montgomery Co, Northampton Co

Member Name: MA ID # (10 Digits):

Gender: M F DOB: Date of Referral:

Member's Home Address:

City: State: Zip:

Legal Guardian Name: Email: Phone:

Referring Agency:

Referring Agency Staff: Email: Phone:

School Contact Name (if services in school): School Contact Phone:

CYS Contact Name (if CYC involved): CYC Contact Phone:

IBHS Assessment for: Individual Services, Group Services, Evidence-based Services, ABA Services

DSM-5 Diagnosis:

Did parent/guardian/member agree to referrals for assessment? Yes No

Did parent/guardian/member complete a Magellan Authorization to Disclose form? Yes No

WRITTEN CONSENT MUST BE GIVEN BEFORE MBH CAN SEND THE CLINICAL INFORMATION TO PROVIDERS.

Days of the Week/Times of the Day Caregiver Available for Assessment: