



401 E. 3rd Street
Suite 101
The Dalles, OR 97058
1-541-298-2101

GOBHI Care Management Referral Form

For questions about this form, please call GOBHI at 541-298-2101 and ask for the Care Management Team.

Please submit Care Management referrals by either: 1. Faxing to GOBHI at 541-298-7996, or 2. Emailing to care.management@gobhi.net		Date
Member Information		
Name	Date of birth	
Age	Medicaid ID	
Is there a guardian? Yes No		Is child in DHS custody? Yes No
Name of guardian	Phone number	
Name of caregiver	Phone number	
Legal status Non-hospital (peace officer or CMHP director) hold or custody Hospital (physician) hold Under civil commitment 370 (Aid & Assist) PSRB On a trail visit Other:		
Community Provider		
Is person connected to a Community Provider? Yes No		If yes, which Community Provider?
Primary mental health diagnosis	Primary SUD Diagnosis	
Name of person referring	Phone number	
Relationship to member Community Behavioral Health Providers State Hospital Self Caregiver Physician / Hospital Social Worker / Hospital Facility PCP GOBHI Clinical Team -- UM/CM/Member Services/OABHI/Children's Team Other:		
Person is currently residing in:		
Facility (name)		
Level of care Acute Hospital Home in Community Supported Housing Adult Foster Home Foster Home (child) State Hospital Therapeutic Foster Home (child) Jail Juvenile Detention Homeless Other:		
Current needs & concerns (attach additional sheets if needed)		
Current Barriers to care or appropriate recovery situation (attach additional sheets if needed)		
Is there currently a care management plan in place? Yes No		If yes, where?
Does member know about this referral? Yes No		Does CMHP know about this referral? Yes No
Is this referral for Complex Care Management? Yes No N/A		
Please attach any relevant documents to referral form that will be useful for coordination of person's care.		
Disclaimer: GOBHI's Care Management team does not provide emergency or crisis services. If you have an immediate need, please call 911 or contact the local Emergency Department, Community Mental Health Program, or Primary Care office.		