

**DMH / DAODAS
Confidential SBIRT Referral Form**

Client Name (Last, First, MI)	Medicaid #
Address:	Telephone Number:
<i>Check one:</i> <input type="checkbox"/> DMH <input type="checkbox"/> DAODAS	
REFERRAL SOURCE:	
Name of Community Mental Health Center / County Alcohol and Drug Abuse Authority:	
Point of Contact:	
Telephone Number:	Fax Number:
REASON FOR REFERRAL:	
<p><u>DMH</u></p> <p><input type="checkbox"/> Positive on screening tool for emotional health</p> <p><input type="checkbox"/> Client also positive on screening tool for substance use</p> <p><input type="checkbox"/> Client requested assistance</p> <p><input type="checkbox"/> Other: _____</p> <p>NOTE: Call the SBIRT Point of Contact at the Community Mental Health Center (CMHC) as indicated on the CMHC Point of Contact List to set up an appointment for intake assessment. Fax this form to the client's health plan and CMHC Point of Contact.</p>	<p><u>DAODAS</u></p> <p><input type="checkbox"/> Positive on screening tool for substance use</p> <p><input type="checkbox"/> Client positive on urine/blood drug screen</p> <p><input type="checkbox"/> Client also positive on screening tool for emotional health</p> <p><input type="checkbox"/> Client requested assistance</p> <p><input type="checkbox"/> Other: _____</p> <p>NOTE: Call the County Alcohol and Drug Abuse Authority to set up an appointment for an assessment. Then fax this form to the client's health plan and the Point of Contact at the County Authority.</p>
MANAGED CARE HEALTH PLAN FAX NUMBERS:	
<input type="checkbox"/> Absolute Total Care – 877-285-3226 <input type="checkbox"/> BlueChoice Health Plan of SC Medicaid – 877-798-1028 <input type="checkbox"/> Carolina Medical Homes – 803-509-5366 <input type="checkbox"/> First Choice by Select Health of South Carolina – 866-533-5493 <input type="checkbox"/> Palmetto Physician Connections – 888-781-4316 <input type="checkbox"/> South Carolina Solutions – 888-454-9152 <input type="checkbox"/> United Healthcare Community Plan – 866-456-6722	