

## Referral for Get Connected Services

Please answer the following as completely as possible:

Today's date: \_\_\_\_\_

Client/Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
Number(s): \_\_\_\_\_

*Please be sure to inform your client/patient to expect a call from the Get Connected Program at Mental Health America of Ohio.*

Referring practitioner Name, Number & Program:

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Reason for referral:

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**Please fax to (844) 727-0563**, along with an Authorization for Release of Information, if applicable. This is a HIPAA secure fax line. Please note: The Get Connected Program at Mental Health America of Ohio assists with navigation of the mental health system in Central Ohio, provides specialized information and referral for mental health services and linkage with other community resources; it does not provide direct clinical services. Please feel free to call 614-242-4357 with any questions.

