MESILLA VALLEY HOSPITAL

Referral Form

3751 Del Rey Blvd
Las Cruces, NM 88012
575.382.3500
800.877.3500
mesillavalleyhospital.com

1) To make a referral, please notify our Assessment & Referral Department by calling: **575.382.4998**
2) Then, fax this form with any collateral information, including demographics and assessments to: **575.382.9043**

Contact Name:_____ **Phone Number:**_____

Agency Name:_____

Patient Name: _____ **Date of Birth:**_____

Patient Phone Number: _____

Reason for Referral: _____

_____

_____

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Treatment Needed:

_____ Inpatient Mental Health _____Inpatient Substance Abuse _____ Outpatient Substance Abuse

Insurance Information *(if known):*

____ Medicare ____ TRICARE® ____ Medicaid ____ Other *(specify)*: _____

Criteria Checklist *(Check all that apply):*

_____Suicide Attempt _____Non-Compliance with Regimens _____Homicidal

_____Suicidal Ideation _____Life-Threatening Non-Compliance _____ Psychosis

_____Violence to others _____Overwhelmed by Stress or Traumatic Event _____ Altered Perception

_____ Violence to self _____ Danger to self, others, or property _____ Mania

_____ Substance Abuse

Please select one of the following:

_____ Patient will be presenting for an assessment at MVH on _____ *(enter date).*

_____ Patient would like a call from MVH _____ Patient is being transported to a hospital ER.

Assessments provided 24/7 – Walk-ins welcome anytime!

Setting the Standard for Psychiatric & Addiction Services