madrona recovery

Referral Form and Certification of need for services
§441.152

Referral for services

Referring Provider ______________________
Email ______________________
Telephone ______________________

Client Name ______________________
Age/DOB ______________
Gender ______________
Insurance Carrier ______________

Parent or Legal Guardian ______________________
Mailing Address ______________________

Email ______________________
Telephone ______________________

Please list previous Behavioral Health and Substance Use Treatment providers.

Provider	Level of Care	Admit / Discharge Date	Outcome of Episode

A complete Referral Packet must include the following to be processed:

☐Referral Form
☐Certificate of Need signed by MD (see next page)
☐Records from most recent hospital admission
☐Records from previous psychiatric, mental health or substance use providers supporting the need for services must be current. (within 30 days)
☐Release of Information for parent or primary guardian

This referral, Certificate of Need (CON), and records may be faxed to our Admission Department
Fax: (503) 746-5906
Email: admissions@madronarecovery.com

Upon screening of a complete Referral Packet our admission counselors will schedule an inquiry phone screening with primary guardian. Youth are encouraged to participate whenever possible.

Certificate of Need (To be completed by MD, preferably Child Psychiatrist)

1) Ambulatory care resources available in the community do not meet treatment needs of the beneficiary
2) Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician; **and**
3) The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed.

Narrative

By signing below, you certify that the individual being referred for Madrona Recovery PRTF services meets all 3 of the following criteria.

Full Name of Referring Physician	Signature	Date

Certification must be made by an independent team that includes a physician who has knowledge of the youth's situation and is competent to diagnose and treat mental illness, preferably a child psychiatrist.

§441.152, 441.156, 441.156