



Outpatient Therapy / Psychiatry Referral

Bloomington: 550 South Adams Street
Columbus: 1531 13th Street, Ste. 2520
(Bartholomew County United Way Bldg.)

Milestones accepts new Clients who contact us directly. We also take Referrals from Health Care Providers.

Bloomington: 812-333-6324
Confidential Fax: 812-331-6700

Columbus: 812-376-6501
Confidential Fax: 812-376-6551

We serve people of all ages with Intellectual Disability or Autism Spectrum Disorder who experience mental health challenges. In Bloomington, Milestones also provides services for children and adolescents who have an Anxiety Disorder or OCD.

This Referral is for: *Outpatient Therapy* *Psychiatry / Medication Management* *Both*

General Referral Information:

Client has (please check all that apply):

Intellectual Disability *Autism Spectrum Disorder* *Medicaid Waiver* *Anxiety Disorder or OCD*

Date of Referral: _____ Name of person making Referral: _____

Relation to Client: _____ Phone number for call back: _____

Client Information:

Name: _____ Sex/Gender Identity: _____ DOB: ____ / ____ / ____

Address: _____ Parent Name (or N/A): _____

2nd Phone Number: _____ Primary Phone Number: _____

May we leave a message? (please circle) Yes / No

Insurance Information:

Is Client Insured? (please circle) Yes / No Insurance Company: _____

Phone Number: _____ Insured Name: _____

ID Number: _____ Group Number: _____

Screening Information:

Reason for Referral: (i.e., what is main concern?) _____

Other Mental Health Concerns? (please list) _____

Primary Diagnosis: _____ Other Diagnoses: _____

Current Medications & Prescriber (please list) _____

Current Mental Health Treatment? (please circle) Yes / No Provider: _____

Please describe Mental Health Treatment history: _____

Thank You for considering Milestones Outpatient Services