

Eating Disorder Treatment Referral Form

This form is for physician and other medical specialists who are referring a member who has an Eating Disorder or suspected Eating Disorder. Referring providers must select at least one request from the list below. Please use the Case Management Link for referrals to Case Management.

Mental Health Specialists should utilize the Transition of Care form.

MEMBER INFORMATION

Referral Date: Referring Provider:

Referring Provider Organization/Facility:

Member Name: DOB:

Member ID:

Preferred Language: English Spanish Other:

Member Phone #'s:

REQUEST

- Referral for Eating Disorder Treatment (Partial Hospitalization, Residential, Intensive Outpatient Treatment):** CenCal Health can coordinate member care with county mental health.
** For exchange of information, include signed member Consent to Release of Information.
Fax: (805) 681-3070 OR secure email: <https://gateway.cencalhealth.org/form/bh>
- Referral for Outpatient Behavioral Health Services:** Refer members for therapy or medication management via CenCal Health's network of providers when their needs are outside the PCP scope of practice. CenCal Health can coordinate member care with the network providers.
- Referral for Case Management:** Assist members with care coordination services between primary care, medical specialists, and external specialists. Provide ongoing support and management of their medical conditions. [Case Management Form](#)

REQUEST REASON (check all that apply):

Eating Disorder Diagnosis (please specify):

Date of Diagnosis: Medical Diagnosis:

Medications (list below or send medication list with this form):

CenCal Health Eating Disorder Treatment Referral Form

Members current treatment team (therapist, medical specialists, psychiatrists, school based providers, ..etc).

Please include phone number and date last seen.

Phone Number: Date:

Provider Name:

Seen for:

Last seen: Contact Information:

Other known barriers to member adherence to medical care:

Motivation for Services (check all that apply):

- Member (or guardian) has been informed of referral to CenCal Health.
- Member wants services for self (or dependent).

Please include progress notes, discharge notes, recommendations, and recent physical and health.