



960 West Maple Court
 Elma, NY 14059
 Phone 716.805.1555 Toll Free 888.805.sasi
 Fax 716.805.1444
 www.sasinc.org

Referral for Psychiatric Clinical Services

Thank you for your interest in our Article 16 Clinic services. Following the receipt of this completed form and documents requested we will contact you to set up an intake interview.

DATE: _____ TABS ID#: _____ DOB: _____

NAME: _____

ADDRESS: _____ PHONE: _____

TYPE OF RESIDENCE: _____

MEDICAID #: _____ MEDICARE #: _____

OTHER INSURANCE: _____ GROUP NUMBER _____ ID NUMBER _____

PRIMARY INSURANCE HOLDER'S NAME AND DOB _____

CARE COORDINATOR: _____ PHONE /EMAIL _____

WHO CAN WE CALL TO SET UP AN INTAKE? _____

PHONE: _____

DEVELOPMENTAL DISABILITY _____

Include the following information with your request:

Current psychiatric diagnosis _____

Current complaints of individual and care givers

Current support systems, as viewed by the individual and caregiver

Current living situation and any plans for changes

Social history

Psychiatric history, including hospitalizations and discharge summaries

Please attach copies of:

- Most recent physical exam, medication list, all recent labs and specialist visits
- Most recent psychiatry notes
- Treatment plans, reviews, summaries
- Behavior plan, current or historical
- Psychological exams
- Life Plan and IEP

Return completed referral to:

Wendy Sherwood
Intake Coordinator/Benefit Specialist
Phone: 716-805-1555 ext 226
Fax: 716-805-1444
wsherwood@sasinc.org

Referred by: _____

Address (Agency/street) _____

Phone _____ Email _____

If there is a Care Coordinator, were they notified? Yes No