



# Kennedy Krieger Institute

Child & Family Support Program

1750 E. Fairmount Avenue

Baltimore, MD 21231

Referral Line: 443-923-3285 Fax: 410-448-7366

E-mail: [Smithkar@kennedykrieger.org](mailto:Smithkar@kennedykrieger.org)

## ADULT MENTAL HEALTH SERVICES

### Client Information

Name:		Date of Referral:	
KKI #:		Date of Birth:	
Sex:		Race:	
Address:			
Phone #:		E-Mail:	
Diagnosis:		Name of Child Being Seen at KKI:	

### Referral Information

Referral Source:
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### Services Requested

Reason for Referral:
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**Availability** (times of day/days of the week available for services--specifying home-, school-, or center-based)

Option 1:
Option 2:
Option 3:
For center-based, is transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Insurance Information

MA #:	MCO #:
Insurance Co. (Primary):	Policy #:
Group #:	Policy Holder's Name:
Policy Holder's Date of Birth:	Secondary Insurance:

### Other Service Providers

Primary Care Physician:	Phone #:
Psychiatrist:	Phone #:
Other Mental Health or Medical Providers:	



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