1012 Hull Street
Richmond, VA. 23224
(T) 804-230-0999
(F) 804-230-0998

River City Screening, Referral, and Face Sheet

Referring Agency	Date
Contact Person	Address
Relationship to Client	Phone Number(s):
Internal Referral Source	Email Address:

Client Name			SSN
DOB	Race	Gender	Religious Preference
Marital Status		Legal Capacity	
Street Address			
City, State, Zip		Phone #	
Name of Spouse, Parent, Legal Guardian, or Authorized Representative (circle one)			

Name of Insurance/Medicare/Medicaid (circle)	Policy #
	Policy (Other)
Method of Screening (circle all that apply) Telephone, Face to Face, Hospital Docs, Relative/Friend Report	

Presenting Needs/Situation:

_____

_____

_____

_____

Current Medications: _____

_____

List any medical or behavioral health services you are currently receiving or have received in the past 90 days:

_____

_____

_____

1012 Hull Street
Richmond, VA. 23224
(T) 804-230-0999
(F) 804-230-0998

Freedom of Choice Statement:
River City has explained *Freedom of Choice*, which assures me the freedom to seek medical care from any institution, pharmacy, or practitioner qualified to perform the service(s) required and participating in the Medicaid Program at the time the service is performed. ***My signature indicates that River City has clearly explained Freedom of Choice. I acknowledge that I have not been coerced, bribed, offered money or favors in connection with requesting services from River City Comprehensive Counseling Services.***
Prohibited Marketing Activities
My signature indicates that River City has not practiced any of the following *Prohibited Marketing Activities* regarding my choice of them as my provider:
• Door-to-door, telephonic, or other "cold call" marketing techniques;
• Misleading, confusing, nor defrauding statements about DMAS, DBHDS or other providers;
• Offering discounts or cash incentives, rewards, gifts, or other opportunities to me, relatives or friends;
• Inducements to solicit my business after my disenrollment;
• Conducting assessments or enrollments at any event;
• Stating an endorsement by DMAS, DBHDS or other Regulatory Authorities;
• Offering friends, relatives, nor myself cash, no-cash promotional items, or "giveaways."
I hereby attest that I am seeking behavioral health for my child/relative/myself of my own free will and choice. River City has practiced ethical and professional behavior in assisting me in accessing professional behavioral health care.

Client name: Print	Sign	Date
Name of screening staff:	Sign	Date

Emergency Contact Name	Phone
Street Address	
City/State/Zip	

Screening Recommendation		Final disposition of individual
	Not eligible for services	
	Intensive In-Home	
	Community Mental Health Support Services	
	Outpatient Mental Health clinic	

1012 Hull Street
Richmond, VA. 23224
(T) 804-230-0999
(F) 804-230-0998