



**ST. MARY'S COUNTY
HEALTH DEPARTMENT**

Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330

Environmental Health: 301 – 475 – 4321

Medical Assistance Transportation: 301 – 475 – 4296

Maryland Relay Service: 1 – 800 – 735 – 2258

**BEHAVIORAL HEALTH DIVISION
REFERRAL TO HUB & SPOKE CARE COORDINATION**

Full Name: _____ DOB: _____

Race _____ Gender: _____ Marital Status: _____

Insurance Provider: _____

Housing Status: Circle All That Apply

Homeless Living with Family/Friends Transient (Temporary/Shelter/Couch Surfing) Other: _____

Mailing Address:

Phone Number:

Cell: _____

Home: _____

Work: _____

Reason for Referral (Services needed): Circle All That Apply

Peer Recovery Support MAT

Psychiatrist

Mental Health Support

Food Housing Clothing

Substance Use (indicate level of care)

Recovery Services

Primary Care Physician

Health Insurance

SSI DSS

Other: _____

Referral Source:

Referral agency/office: _____

Name: _____

Contact Information: _____

The patient certifies that the above information is correct to the best of their knowledge. The patient understands that the information provided in this referral will be disclosed to the St. Mary's County Health Dept, Behavioral Health Division and may be redisclosed to the service providers for services listed above, not to include, medical or behavioral health confidential records. Therefore, the information provided by the patient in this referral form is no longer protected by any federal or state regulations regarding confidentiality and medical records. This referral expires 90 days from the date below.

Signature to confirm Patient Provided Verbal Consent:

Signature: _____ Date: _____

***Please return referral Attention to: Hub & Spoke Coordinator**

Email: Jackolyn.Crawford@maryland.gov

Cell: 301-904-0552

Fax: 1-301-363-0312