



Brighter Futures for Youth and Families

## Request for Adolescent & Family Mental Health/Substance Use Outpatient Services

Patient Name \_\_\_\_\_

Patient DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient Phone Number \_\_\_\_\_

Can we leave a message on your voicemail? \_\_\_\_\_ Yes \_\_\_\_\_ No

Patient and/or Family is Seeking a Referral for:

\_\_\_\_\_ Counseling

\_\_\_\_\_ Case Management

\_\_\_\_\_ Psychiatric Medication Management

\_\_\_\_\_ Residential Program – Substance Use

Please note any need for specific accommodations, risk factors, etc.

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Is the Patient Aware of This Referral? \_\_\_\_\_ Y \_\_\_\_\_ N

Referred By: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Fax to: Referrals, 207-842-3627

Email to: [Referrals@day-one.org](mailto:Referrals@day-one.org)

***Day One improves the health of Maine by providing substance use, mental health,  
and wellness services to youth and families.***