

Thank you for referring your patient to our services.

In order to determine if your patient meets admission criteria, we will require the following:

Completed Referral Form

Updated, supporting documentation; Progress Note or Summary

Please fax all referral information to: **802-847-8747**

If you have any questions please call our Intake Coordinator at: **802-847-2673 (COPE)**

Please Review our Exclusion Criteria before submitting a Referral

Severe cognitive impairment or learning disability

Unreliable transportation

Since our program is intensive and requires patients to focus, we have learned through experience that patients trying to cope with learning impairments or inadequate transportation are not able to complete the program or fully benefit from our services.

If your patient is still interested in our services once he/she is able to acquire reliable transportation, please submit a new referral request along with the above stated clinical information.

Mental Health Insurance

United Behavioral Health / Optum

Patients who have United Behavioral Health (UBH)/Optum Insurance coverage for mental health outpatient services will be responsible for the cost of services received and will be billed directly, as our services are currently considered Out-Of-Network. We ask that patients call their Insurance carrier to confirm individual coverage policies for mental health outpatient services before being seen for their appointment.

Dr. Naylor does not offer one-time Consultations for medication management or Individual Therapy

Management of Chronic Pain Program

The mission of the MindBody Medicine Program is to promote integration of the physical, emotional and intellectual aspects of health. Our program offers an intensive 13 week group program, which uses mind/body approaches for the treatment of medical illness. The goal of this program is to help patients cope with chronic pain in a way that enhances their quality of life. The program was specifically designed in response to strong evidence supporting the benefits of relaxation techniques & cognitive behavioral therapy as well as the increasing demand for such services.

Initial Evaluation:

To assess patients' eligibility to participate in the Management of Chronic Pain group program
During the first hour patients will meet with our co-therapist and the second hour will meet with Dr. Naylor

Group Program:

Intensive 13 week program uses cognitive behavioral therapy to provide coping skills training
Requires commitment to meeting once a week for 90 minutes & completing daily homework assignments

Referrals cannot be processed until information required to evaluate admission criteria is received:

1. Fill out our referral form completely
2. Include updated, supporting documentation; Summary or Progress Note
3. Fax referral information to 802-847-8747 & thank you for helping us to better serve your patients

Patient's Name: _____	DOB: _____
Address: _____	SSN: _____
Tel: (H) _____ (C) _____	Message OK? Y / N
INSURANCE: _____	* MENTAL HEALTH INSURANCE: _____

Referral Information Management of Chronic Pain Program Chronic pain diagnosis & reason for referral: _____ Date of Referral: _____ Office Contact: _____ Tel: _____ Fax: _____ Referred By: (Please Print) _____ <u>PCP:</u> _____ Practice: _____ Tel: _____ Fax: _____ <u>Psychiatrist:</u> _____ Tel: _____ Fax: _____ <u>Therapist:</u> _____ Tel: _____ Fax: _____
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Clinical Information Psychiatric Diagnoses: _____ Medications: _____ Current Medical Problems: _____ Any Disabilities or Learning Differences: No / Yes, Explain: _____ _____ Current: Suicidal Ideation: No / Yes Homicidal Ideation: No / Yes Reliable Transportation: No / Yes History of: Suicide Attempts: No / Yes, When: _____ Aggressive Behavior: No / Yes, When: _____ Self-harming Behavior: No / Yes, When: _____ If patient has current alcohol or substance abuse: * Please consider discussing a referral to our <u>DayOne</u> clinic and advise your patient to call Intake Services 802-847-1453
