



REFERRAL TO PRIMARY CARE

San Diego County Behavioral Health Services (SDCBHS)



SECTION A. REASON FOR REFERRAL

A) For physical healthcare - SDCBHS will continue to provide specialty mental health services.

B) For total healthcare - SDCBHS is no longer providing routine treatment. Available for psychiatric consult.

SECTION B. CLIENT INFORMATION and MENTAL HEALTH INFORMATION

Last Name :

First Name:

Middle Initial:

AKA:

Street Address:

Date of Birth

Male Female

City, State and ZIP:

Last Psychiatric Hospitalization:

Date: : None:

Telephone #

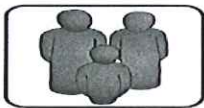
Current Mental Health Diagnosis:

Current Mental Health Symptoms:

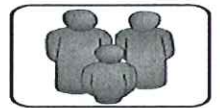
Current Mental Health and Non-Psychiatric Medications and Doses:

Known Physical Health Problems:

PLACE A COPY OF THIS FORM IN THE CLIENT'S MEDICAL RECORD



REFERRAL TO PRIMARY CARE



HHSA San Diego County Behavioral Health Services (SDCBHS) **HHSA**

SECTION C. BEHAVIORAL HEALTH PROVIDER INFORMATION

Name, Organization OR Medical Group:

Street Address:

City, State, Zip:

Telephone #

Fax #

SECTION D. BEHAVIORAL HEALTH CONTACTS FOR FURTHER INFORMATION

Psychiatrist:

Phone #

Nurse:

Phone #

Case Manager or Clinician:

Phone #

SECTION E. PRIMARY CARE PROVIDER INFORMATION

Name, Organization OR Medical Group

Street Address

City, State, Zip

Telephone #

Fax #

SECTION F. ACCEPTED FOR TREATMENT OR REFERRED BACK TO SDCBHS

Patient accepted for physical health treatment

Patient accepted for psychotropic medication treatment

Patient not accepted for psychotropic medication treatment and referred back due to:

PLACE A COPY OF THIS FORM IN THE CLIENT'S MEDICAL RECORD

Community Clinics with Mental Health Services as of 3/1/2011

Clinic Name and Address	Main Clinic Phone Number	contact person & # for appointments	interest in outside referrals	walk-in capacity	availability of psychiatry	Child	Adult	Older Adult
Family Health Centers of San Diego								
Chula Vista ¹ 251 Landis Ave, Chula Vista CA 91910	(619) 515-2500	(619) 515-2500	limited	no	no	0	x	x
1 - MH clincian available only 4 hours per week								
City Heights FHC 5379 El Cajon Blvd, San Diego 92115	(619) 515-2400	(619) 515-2367	yes	no	limited	0	x	x
Grossmont-Spring Valley FHC 8788 Jamacha Road, Spring Valley 91977	(619) 515-2555	(619) 515-2385	yes	no	limited	0	x	x
Logan Heights Counseling Center 2204 National Ave, San Diego Ca 92113	(619) 515-2355	(619) 515-2355	yes	limited	adequate	x	x	x
Logan Heights FHC 1809 National Ave, San Diego Ca 92113	(619) 515-2300	Maria Ortega (619) 876-4496	yes	no	limited	0	x	x
North Park FHC 3544 30 St., San Diego 92104	(619) 515-2424	Norma Quiroz (619) 515-2382	yes	no	limited	0	x	x
Indian Health Center² 50100 Golsh Road, Valley Center, 92082	(760) 749-1410	(760) 749-1410	no	no	no	x	x	x
2- Treat only Native Americans & dependants who are clinic								
Imperial Beach Health Center								
IB Imperial Beach 949 Palm Avenue, Imperial Beach 91932	(619) 429-3733	Mary Lou Maldonado	not at this time	no	limited (no child psych)	x	x	x
IB Nestor 1016 Outer Road, San Diego CA 92154	(619) 429-3733	Francine Martinez		no				
La Maestra Community Health Center 4160 Fairmount Ave, San Diego 92105	(619) 564-8765	Massiell Perez 619.564.8765	yes	no	limited (no child psych)	x	x	x
Mountain Health and Community Srvs³								
Alpine Family Medicine 1620 Alpine Blvd., Alpine 91901	(619) 445-6200	Jeana Breazeale 445.6200 x160	yes	no	adequate	x	x	x
Mountain Empire Family Medicine 31115 Highway 94, Campo 91906	(619) 478-5311	Jeana Breazeale 445.6200 x160	yes	no	adequate	x	x	x
3 - more than adequate any clinical psychology and psychiatry services available								
Neighborhood Healthcare								
Ray Dickinson Center 425 N. Date Street, Escondido 92025	(760) 520-8340	(760) 520-8340	yes	no	adequate (no child psych)	x	x	x
NHC - Elm 460 N. Elm, Escondido 92025	(760) 520-1800	(760) 520-1800	yes	no	adequate (no child psych)	x	x	x

Community Clinics with Mental Health Services as of 3/1/2011

	(760) 690-5900	(760) 690-5900	yes	no	adequate (no child psych)	X	X	X
NHC Ped/Prenatal 426 N. Date Street, Escondido 92025	(760) 520-8200	(760) 520-8200	no	no	adequate (no child psych)	X	X	X
NHC - Grand 1001 East Grand, Escondido 92025	(619) 440-2751	(619) 440-2751	yes	no	no (telepsychiatry pending)	X	X	X
NHC - El Cajon 855 Madison Ave, El Cajon 92020								
North County Health Services								
San Marcos Health Center 150 Valpreda Road, San Marcos 92069	(760) 736-6700	(760) 736-6700	limited	no	limited	O	X	X
Oceanside 605 Crouch St, Oceanside 92054	(760) 757-4566	(760) 757-4566	limited	no	limited	O	X	X
Operation Samahan 2743 Highland Ave, National City, 91950	(619) 474-2284	Karen Jenkins	yes	no	no psychiatry	X	X	X
Operation Samahan 10737 Camino Ruiz, ste 125, SD 92126	(858) 578-4220		limited	no	no psychiatry	X	X	X
San Diego American Indian Health Ctr 2602 First Ave. # 100, San Diego 92103	(619) 234-2158	Samantha Luther 234-2158x119	yes	no	none	X	X	X
San Diego Family Care								
Linda Vista Health Care Center 6973 Linda Vista Road, San Diego 92111	(858) 279-0925	Venus Meraz 858.514.2900x2987	limited	no	limited	O	X	X
Mid-City Community Clinic - Peds 4305 University # 150, San Diego 92105	(619) 280-2058	(619) 280-2058	limited	no	limited	X	O	O
Mid-City Community Clinic (Adults) 4290 Polk Avenue, SD 92105	(619) 563-0250	(619) 563-0250	limited	no	limited	O	X	X
San Ysidro Health Center								
Euclid Comp Health Clinic ⁴ 292 Euclid Ave, San Diego 92102	(619)205-1947	(619)205-1947	yes	no	limited	O	X	X
4- drug & alcohol counseling available								
Euclid Family Counseling Center ⁵ 292 Euclid Ave Ste 112, San Diego 92102	(619)205-1947	(619)205-1947	yes	no	limited	X	X	X
5 - Children's integrated services available								
San Ysidro Behavioral Health 4004 Beyer Blvd, San Ysidro 92173	(619) 428-5561	Minerva (619)428-5561	Medi-Cal primarily	no	limited	X	X	X

indicates site is participating in Mental Health and Primary Care Integration Project

Key Points: Clinics listed on this document are those with dedicated mental health clinicians. Some clinics may not employ full-time mental health clinicians. In addition, not all clinics provide psychiatry services. All information listed is subject to change as clinics frequent expand and add new services. This information will be updated regularly to keep it as current as possible.

Council of Community Clinics
 MHSA Program
 Participating Clinics

	Clinic Address	Clinic Phone Number	Children	Adult	Older Adult	IMPACT	Promotora
Family Health Centers of San Diego							
Grossmont-Spring Valley FHC	8788 Jamacha Road	91977 (619) 515-2555	0	X	X		
City Heights Family Health Center	5379 El Cajon Blvd.	92115 (619) 515-2400	0	X	X	X	X
Imperial Beach Health Center	949 Palm Avenue	91932 (619) 429-3733	X	X	X	X	
La Maestra Community Health Center	4060 Fairmount Avenue	92105 (619) 564-8765	X	X	X	X	X
Mountain Health and Community Svcs							
Mountain Empire Family Medicine	31115 Highway 94	91906 (619) 478-5311	X	X	X	X	
Alpine Family Medicine	1620 Alpine Boulevard	91901 (619) 445-6200	X	X	X	X	
Neighborhood Healthcare							
Ray Dickinson Center	425 N. Date Street	92025 (760) 520-8340	X	X	X	X	X
Grand Clinic	1001 Grand	92025 (760) 520-8200	X	X	X		
North County Health Services							
San Marcos Health Center	150 Valpreda Road	92069 (760) 736-6700	0	X	X		X
Oceanside - Loma Alta	605 Crouch St	92054 (760) 757-4566	0	0	0	X	
Grand Avenue Clinic	727 San Marcos Blvd.	92078 (760) 736-8810				X	
San Diego American Indian Health Ctr							
	2602 First Avenue, Suite 100	92103 (619) 234-0648	X	X	X		
San Diego Family Care							
Linda Vista Health Care Center	6973 Linda Vista Road	92111 (858) 279-0925	0	X	X		
San Ysidro Behavioral Health							
	4004 Beyer Blvd	92173 (619) 428-5561	X	X	X	X	X



SmartCare Integrated Behavioral Health Care Screening Tool

Health Care Facility/Clinic (check one):

- North County Health Services - Ramona
 Neighborhood Healthcare – Pauma Valley
 Mountain Health and Community Services – Campo Clinic

PLEASE TELL US A LITTLE ABOUT YOURSELF:

Date of Screening: _____

First Name: _____ Last Name: _____ Primary Care Health Provider _____

1. Gender: Female Male Other

2. Date of Birth (mm-dd-yyyy): _____

3. Is participant of Mexican/Hispanic/Latino Origin?: Yes No Unknown

If 'Yes' mark all that apply.

Mexican American/Chicano

Dominican

Salvadoran

Cuban

Puerto Rican

Other Hispanic

4. What is the participant's race/ethnicity (please mark all that apply)?

White/ Caucasian

Japanese

Vietnamese

Black/African America

Korean

Ethiopian

Cambodian

Laotian

Somali

Chinese

Mien

Iranian

Eskimo/ Alaskan Native

Native American

Iraqi

Filipino

Hmong

Other Non-White, Non Caucasian

Guamanian

Samoan

Other Pacific Islander

Hawaiian Native

Sudanese

Other Asian

Asian Indian

Chaldean

Unknown/Not Reported

5. Has the participant ever served in the military? Yes No Unknown

If 'Yes,' please mark all that apply.

Air Force

Air Force Reserves

Army

Army Reserves

Coast Guard

Coast Guard Reserves

Marine Corps

Marine Corps Reserves

National Guard

Navy

Navy Reserve

Unknown

Questions 1-27 © M3 Clinician. Used with permission.

Over the last two weeks or more, have you noticed the following:

	Not at all	Rarely	Sometimes	Often	Most of the time
1. I feel sad, down, in the dumps, or unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can't concentrate or focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nothing seems to give me much pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel tired; have no energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have had thoughts of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Changes in sleeping patterns:					
a. I have difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have been sleeping more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Changes in appetite:					
a. I have lost some appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have been eating more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel tense, anxious or can't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel worried or fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the last two weeks or more, have you noticed the following:					Most of the time
	Not at all	Rarely	Sometimes	Often	
10. I have attacks of anxiety or panic	0	0	0	0	0
11. I worry about dying or losing control	0	0	0	0	0
12. I am nervous or shaky in social situations	0	0	0	0	0
13. I have nightmares or flashbacks	0	0	0	0	0
14. I am jumpy or feel startled easily	0	0	0	0	0
15. I avoid places that strongly remind me of a bad experience	0	0	0	0	0
16. I feel dull, numb, or detached	0	0	0	0	0
17. I can't get certain thoughts out of my head	0	0	0	0	0
18. I feel I must repeat certain acts or rituals	0	0	0	0	0
19. I feel the need to check and recheck things	0	0	0	0	0
At any time in your life have you:					
20. Had more energy than usual	0	0	0	0	0
21. Felt unusually irritable or angry	0	0	0	0	0
22. Felt unusually excited, revved up or high	0	0	0	0	0
23. Needed less sleep than usual	0	0	0	0	0
Indicate whether any of the above symptoms:					
24. Interferes with work or school	0	0	0	0	0
25. Affects my relationships with friends or family	0	0	0	0	0
26. Has led to my using alcohol to get by	0	0	0	0	0
27. Has led to my using drugs	0	0	0	0	0

When was the last time that you...				
	Never	1+ years ago	2-12 months ago	Past month
28. used alcohol or drugs weekly?	0	0	0	0
29. spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs?	0	0	0	0
30. kept using alcohol or drugs even though it was causing you social problems, such as fights, getting you in trouble with other people or getting arrested?	0	0	0	0
31. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities such as work, school, home, or social events due to your use of alcohol or drugs?	0	0	0	0
32. experienced withdrawal symptoms from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping; or that you used any alcohol or drugs to stop being sick or avoid withdrawal symptoms?	0	0	0	0
33. had significant thoughts about ending your life or committing suicide?	0	0	0	0
34. smoked cigarettes or cigars or used any other kinds of tobacco?	0	0	0	0

For Referring Staff Only: Additional Referring Information and/or Concerns:

For SmartCare Staff Use Only	
Patient Number – Care Manager: _____	Patient Number EMR: _____
Site Location: _____	
Recorded in Care Manager _____	Recorded in M3 _____