

Date of Referral:			<i>Last Updated 6/22/2022</i>
REFERRAL INFORMATION			
Tell us a bit about what's going on:			
What services are you interested in? (check all that apply):			
PHYSICAL HEALTH CARE (PRIMARY CARE) - Email To PCPReferralGroup@liberty-resources.org or Fax To: (315) 679-5990 Syracuse Site Fulton Site			
MENTAL HEALTH TREATMENT - Email To BHCReferrals@liberty-resources.org or Fax to Site-Specific Fax # noted at bottom Syracuse Site Fulton Site Oneida Site Rochester Site (Same day access intakes only. Mon 10:30am-12pm Tues & Thurs 8:30am-10am)			
SUBSTANCE USE TREATMENT (Syracuse only) - Email To SUDClinicalServices@liberty-resources.org or Fax (315) 472-1759			
REFERRAL SOURCE INFORMATION			
Referring Agency/Practice: n/a		Referral Source Name: self	
Referral Source Phone #: self		Role of Referral Source: self	
How did you hear about us?			
Current Behavioral Health Center Patient		Current Primary Care Patient	Family or Friend
Another Provider	Sign or Billboard	Social Media	Advertisement
Other (please describe):			
PATIENT INFORMATION			
LEGAL NAME – Last Name, First Name, Middle Initial		Date of Birth:	Social Security #
Sex Assigned at Birth:	Gender Identity:	How would you like to be addressed?	Pronouns:
Please feel free to share additional gender considerations:			
Street Address:		City, State:	Zip Code:
Home Phone: Preferred	Cell Phone: Preferred	Will an interpreter help us communicate better?	YES NO
		If yes, what language?	
For Minors: Parent/Legal Guardian Name		Guardian's Relationship to Minor:	
Is child currently involved in mental health services?		Will an interpreter help us communicate better?	YES NO
YES NO If yes, where?	If yes, what language?		
BENEFITS & RESPONSIBILITY			
Primary Insurance		Secondary Insurance N/A	
Primary Insurance Name	Policy #	Secondary Insurance Name	Policy #
Subscriber's Name	Subscriber DOB	Subscriber's Name	Subscriber DOB
Subscriber's SS#	Subscriber's Employer	Subscriber's SS#	Subscriber's Employer
Subscriber's Relationship To Patient:		Subscriber's Relationship To Patient:	
Who is responsible for the bill?		Responsible Party's Relationship to Patient:	
Self Other – Name:			
Responsible Party's Address:			
Same as Above			
Different from Above – Address of Responsible Party:			

Behavioral Health Center (Syracuse)	Phone (315) 472-4471	Fax (315) 472-1759	1045 James Street, Syracuse, NY 13203
Primary Care (Syracuse)	Phone (315) 413-7865	Fax (315) 679-5990	1045 James Street, Syracuse, NY 13203
Behavioral Health Center (Fulton)	Phone (315) 887-1840	Fax (315) 883-8772	14 Crossroads Drive, Fulton, NY 13069
Primary Care (Fulton)	Phone (315) 887-1840	Fax (315) 679-5990	14 Crossroads Drive, Fulton, NY 13069
Behavioral Health Center (Oneida)	Phone (315) 363-0048	Fax (315) 363-0052	218 Liberty Street, Oneida, NY 13421
Behavioral Health Center (Rochester)	Phone (585) 410-3370	Fax (585) 978-7217	175 Humboldt St, Rochester, NY 14610