

BHRS San Mateo County Managed Care
CONTRACT PROVIDER - Adult & Youth – Authorization Request
ACCESS Team, 310 Harbor Blvd. Building E, Belmont, CA 94002
Phone: 1 (800) 686-0101 FAX: (650) 596-8065

Authorization requested by (First and Last Name):		
Agency/Location:		Provider Telephone:
Name of Client:		DOB: MH #
Client language spoken/preferred:	Insurance:	MediCal #
Parent language spoken/preferred:	Parent Name:	SSN:
Address:		Phone number:
DANGER TO SELF: Date/s of last occurrence: Specific Plan or attempt: <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/> Unknown		DANGER TO OTHERS: Date/s of last occurrence: Specific Plan or attempt: <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/> Unknown

Presenting problem - symptoms, onset of symptoms and duration / trauma history:
Current diagnoses:
Psychiatric hospitalizations: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, dates and reason for hospitalization):
Psychiatric Medications:
What is client's gender identity? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female to Male/Transgender Male <input type="checkbox"/> Male to Female/Transgender Female <input type="checkbox"/> Genderqueer <input type="checkbox"/> Unknown/Decline to state <input type="checkbox"/> Another: _____
What is client's sexual orientation? <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown/Decline to state <input type="checkbox"/> Another _____

CONFIDENTIAL PATIENT INFORMATION: "See California Welfare and Institutions Code Section 5328."