



Haven House Referral Form PRS / MPRS

Today's Date:

First Name:	Last Name:	Date of Birth:	
SS#:	Current Phone #:	Email Address:	
Referral Source	Referral Source Type	Referral Phone #	
Primary Insurance: Magellan or Lehigh /Northampton county funding.			
Secondary Insurance:			
Street Address	Floor, Apt #, etc.	City & State	Zip Code
Past Mental Health Provider:			
<i>Haven House Staff Use Only</i>			
PRS	<i>Medical Necessity is required.</i>		
MPRS			
Date and Time Scheduled for the Tour			

Information:
