



**PHYSICIAN/PSYCHOLOGIST RECOMMENDATION FOR FBMHS**

Children and adolescents and members of their families are eligible to receive Family Based Mental Health Services if:

1. A child or adolescent has a mental illness or emotional disturbance and is determined to be at risk for out-of-home placement, such as inpatient psychiatric care, residential care, foster care, etc.
2. At least one adult member of the family agrees to participate in the service.

I am recommending that \_\_\_\_\_, MA ID # \_\_\_\_\_  
(Name)

be considered for Family Based Mental Health Services because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DSM diagnosis:  
Behavioral Diagnosis \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Social Elements Impacting Diagnosis: \_\_\_\_\_

(Optional) Functional Assessment:  
Assessment: \_\_\_\_\_ Score: \_\_\_\_\_

Prescriber's NPI Number: \_\_\_\_\_

\_\_\_\_\_  
(Prescriber's signature) (Date)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)



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(Phone #)