



Post –Arrest Diversion Program Referral Form

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| Name (Print): | |
| Case Number(s): | |
| DOB: | SSN: |
| Location: | |
| Contact Phone Number: | |
| Referring Person: | |
| Phone Number: | |
| Mental Health Diagnosis: | |
| | |
| History of mental health treatment: | |
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Please send all referrals via email to Dr. Michael Collins at Mcollins@brhpc.org. For any additional questions, please call 954-561-9681 x 1292.