Behavioral Health

303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

Request Details			
Date of Request:			
Type of Request: ☐ American Indian Health Provider ☐ Mental Health Continued Care of Prior Provider ☐ Substance Use Disorder Transition of Care ☐ Courtesy Dosing		☐ Other-Department of Health Care Services (DHCS) Mandate, please explain	
Reason for Request:			
Medical/Clinical Provider Information (Provider who client is requesting to continue to receive services)			
Name of Provider/Agency:		Provider Address:	
Provider Phone Number:		Date of last service with provider: If no services received from provider check here ☐	
Client Information			
Last Name:	First Name:	Middle Initial:	Other Names Used:
DBH Medical Record Number:		Date of Birth:	
Current Address:	City:		Zip Code:
Phone Number:		Email Address:	
Preferred Language ☐ English ☐ Spanish ☐ Vietnamese ☐ Mandarin ☐ Other ☐ None			

Important Note: Please provide as much information about the provider from which the client is requesting to continue to receive services. The inability to locate the provider will result in a denial of the request. Additionally, please provide as much client information as possible to ensure timely processing of the request. Missing information will result in processing delay or denial of request.