KY-Moms
Maternal Assistance
Towards Recovery (MATR)

Referral Location
Name:_____
Phone/Email:_____

Patient Referral Form

Referral Guidelines

1. To refer a potential pregnant patient or a patient no more than 6 months post-partum, please complete this form and return it, along with a copy of the **substance use screening/assessment tool** used (e.g., PN-2*, PT-1, ACH-94, ACH-282, H&P 13, H&P 14, HCV-2, CRAFT, AUDIT, SASSI, etc.) to determine eligibility, to the designated KY-Moms MATR email listed above.
2. The patient you refer will be contacted by a KY-Moms MATR Prevention Specialist or Case Manager within 48-hours of receipt of referral form.
3. Only one referral per pregnancy/postpartum period, per patient can be made. If a patient is referred by more than one medical provider, the first referral received will be the one accepted.
4. Please attach a patient signed Release of Information form and a proof of pregnancy or delivery if the patient is currently pregnant or postpartum.

Patient Information

Patient Name: _____ Date of Referral: _____

Patient Address: _____ Preferred contact Method: **#:** _____

_____ (Email/Text/Phone) **Email:** _____

Referral Information

Please select patient's current status: ◯ Pregnant ◯ Postpartum

Diagnosis Code: _____ (Medical or Behavioral Health Diagnosis Code)

Due Date/
Delivery Date: _____

Medicaid #: _____ or ◯ Private Insurance

☐ YES ☐ NO Does patient currently present with substance use RISK FACTORS during pregnancy or postpartum?

☐ YES ☐ NO Does patient currently present with SUBSTANCE USE concerns during pregnancy or postpartum?

Referring Provider (Printed): _____

Provider Signature: _____

Name of Referring Agency: _____

For KY Moms MATR Use Only

Date Received: _____ Contacted? _____

Prevention Education Appointment? _____ Case Management Appointment? _____