MISTER HEALTH

The STEP UP Program

ENHANCED OUTPATIENT TREATMENT FOR MEN

199 Oakwood Avenue, West Hartford, CT 06119 | 18 Hillside Ave., Naugatuck, CT 06770 | Virtual in Connecticut

More support than once-weekly therapy - without stepping out of daily life

Use this form to refer an adult man who may benefit from enhanced outpatient support while remaining appropriate for outpatient care. STEP UP may also serve as a bridge after IOP/PHP treatment. In-person and virtual options are available; many major insurance plans, including Medicaid, are accepted.

1 CLIENT INFORMATION

Client full name

Date of birth

Pronouns (optional)

Phone

Email

Preferred contact

☐ Phone ☐ Email

Street address

City

State

ZIP

May we leave a voicemail? ☐ Yes ☐ No ☐ Unknown

Preferred language

2 INSURANCE INFORMATION

Insurance carrier

Member ID

Group # (if known)

Subscriber name (if different)

Subscriber DOB

Self-pay / other

3 LOCATION / FORMAT PREFERENCE

☐ In-person - West Hartford ☐ In-person - Naugatuck ☐ Virtual - Connecticut ☐ No preference

Preferred days / times

4 CURRENT / RECENT TREATMENT

Current therapist / provider

Phone

Current frequency

Recent higher level of care? ☐ None known ☐ IOP ☐ PHP ☐ Inpatient ☐ ED / crisis ☐ Other

Program / facility and dates (if applicable)

Psychiatric medications / prescriber (if relevant)

Other current behavioral health / medical supports

MISTER HEALTH

The STEP UP Program

ENHANCED OUTPATIENT TREATMENT FOR MEN

199 Oakwood Avenue, West Hartford, CT 06119 | 18 Hillside Ave., Naugatuck, CT 06770 | Virtual in Connecticut

5 REASON FOR REFERRAL

Presenting concerns - check all that apply

- ☐ Depression
- ☐ Anxiety / panic
- ☐ Stress / burnout
- ☐ Anger / irritability
- ☐ Trauma-related symptoms
- ☐ Grief / loss
- ☐ Loneliness / isolation
- ☐ Relationship distress
- ☐ ADHD-related challenges
- ☐ Decline in daily functioning
- ☐ Avoidant / unhealthy coping
- ☐ Intimacy / sexual health
- ☐ Step-down from IOP / PHP
- ☐ Other

Primary diagnosis / diagnoses (if known)

What is prompting the referral now?

Why is traditional once-weekly outpatient therapy insufficient at this time?

6 REFERRING PROVIDER / ORGANIZATION

Referral date

Referrer name

Credentials / title

Organization / program

Direct phone

Fax

Secure email

Relationship to client

Referral source / current setting

- ☐ Outpatient therapist
- ☐ IOP / PHP
- ☐ Hospital / ED
- ☐ PCP / medical
- ☐ Psychiatry
- ☐ Other

SUBMITTING A REFERRAL

Email completed referrals to hello@misterhealth.com or fax to (860) 920-7320.