



Geriatric and Adult Mental Health Specialty Team Referral Form

Vaya Health’s Geriatric and Adult Mental Health Specialty Team (Geriatric Team) offers free education and support for professional staff and family caregivers in Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Iredell, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, and Yancey counties.

The team includes registered nurses, licensed clinicians, and qualified mental health professionals. Education and support focus on caring for individuals age 60 and older who are experiencing mental health or substance use issues, dementia, or other emotional or behavioral challenges. The team also serves caregivers of younger adults with dementia. For professionals, the program offers contact hours approved by the NC Division of Health Service Regulation (DHSR).

To refer a caregiver to the program, complete the form below. Please submit all referrals through our confidential fax number at 1-877-355-2436. We will contact you within three business days from the date the referral is received. For more information, call 1-800-893-6246, then enter the extension for our office nearest you: Asheville (ext. 2993) or Lenoir (ext. 3346). Or, contact team management at ext. 3332 or geriatric.team@vayahealth.com.

REFERRER INFORMATION	
Referral date:	Organization making referral:
Referred by:	Telephone:
CAREGIVER INFORMATION	
Caregiver name:	Telephone:
Caregiver relationship to person being referred (e.g., guardian, spouse, child):	
Physical address:	County:
Mailing address:	<input type="checkbox"/> Same as above
INFORMATION ABOUT INDIVIDUAL RECEIVING CARE	
Individual name:	Maiden name (if applicable):
Is the individual already served by Vaya? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Enter AlphaMCS and/or Incedo number, if known: _____	
Date of birth:	
Physical address:	County:
Mailing address:	<input type="checkbox"/> Same as above
REASON FOR REFERRAL	
Include any symptoms, challenging behaviors, and indications for needed supports:	