

TEAM BE BETTER;[®]

Non-Clinical Family Stabilization & Systems-Navigation Referral Adolescents and Young Adults 13-25



Phone: (616) 201-9891

- Email: drbrashears@teambebetter.org
- Web: www.teambebetter.org

Patient Name: _____

DOB: ____ / ____ / ____

Parent/Guardian Name: _____

Phone: _____

Youth currently in behavioral health care:

- No[]
- Yes[]
 - Psychiatrist/Therapist: _____

Referring Physician Signature: _____

Date: ____ / ____ / ____

Name/Stamp: _____

INSTRUCTIONS FOR PARENTS:

Team Be Better; is a 501(c)(3) specializing in non-clinical family centered care support, navigation, education, and advocacy. To activate their **lan's TEAM[®]** Family Roadmap please call or text (616) 201-9891 or upload an image of this referral sheet directly to drbrashears@teambebetter.org within 48 business hours.