

BUTLER HOSPITAL REFERRAL FORM

Partial Hospital Program Admissions Office is now located in Blumer Building.

Follow campus signs to Partial Hospital/Parking Lot C. Use Partial Hospital entrance at Goddard Building and follow signs to Blumer.

401-455-6223 | FAX: 401-455-6481

Request for Services: (please check) Mental Health _____ Substance Abuse _____

Demographic Information:

Patient Name _____ DOB _____
Address _____ City _____ State _____ Zip Code _____
Phone _____

Referred from:
(please circle)

Inpatient

Outpatient

PCP

Emergency Room

Residential

Clinical Information:

Referral Source Name: _____ Phone _____

Reason for Referral: _____

(Please attach medication list, D/C summary, and any other pertinent information.)

Insurance Information: (if known)

Primary Insurance: _____

Policy #: _____ Policy Holder: _____

Secondary Insurance: _____

Policy #: _____ Policy Holder: _____

Program Preference:

PARTIAL HOSPITAL

NEW Young Adult/18-26 _____

Integrated Therapies Program _____

Cognitive Behavioral Therapy _____

Woman's Program _____

Alcohol & Drug _____

OUTPATIENT

NEW Ambulatory Detox _____

Not Sure _____

How did you hear about us? Brochure _____ Radio/TV _____ Colleague _____ Family/Friend _____

Thank you for your referral.

We will contact the patient to schedule a start date for the appropriate program.