

## BUTLER HOSPITAL REFERRAL FORM

**Partial Hospital and Intensive Outpatient Programs  
Admissions Office is located in the Blumer Building.**

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

1 (844) 401-0111 | 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 PROGRAMS**

Cognitive Behavior Therapy (CBT) \_\_\_\_\_  
 Women's Program (DBT) \_\_\_\_\_  
 Integrated Therapies Program \_\_\_\_\_  
 Substance Use Partial \_\_\_\_\_  
 Young Adult \_\_\_\_\_

**INTENSIVE OUTPATIENT PROGRAMS**

Older Adult IOP 65+ \_\_\_\_\_  
 College IOP 18-26 \_\_\_\_\_  
 True Self IOP 18-26 (LGBTQ+) \_\_\_\_\_  
 OCD/Anxiety IOP \*\* \_\_\_\_\_

\*\*Please note: OCD/Anxiety IOP requires an additional referral form found at [www.butler.org/IntensiveOCD](http://www.butler.org/IntensiveOCD)

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

**Thank you for your referral.**

We will contact the patient to schedule an appointment and/or start date for the appropriate program.