

Optima Behavioral Health, Inc.

REFERRAL FORM

INCOMPLETE, INACCURATE, OR ILLEGIBLE INFORMATION MAY RESULT IN A DELAY OR REJECTION OF REFERRAL. PLEASE ALLOW 7-10 (BUSINESS) DAYS FOR OUR OFFICE TO CONTACT YOU OR YOUR PATIENT.

PATIENT INFORMATION	
Patient Name:	
DOB:	/ /
Phone #:	()
Insurance Information:	PLEASE FAX A COPY OF THE INSURANCE CARD AND A COPY OF THE FACESHEET
Previous Hospitalizations:	PLEASE FAX ALL PREVIOUS HOSPITAL RECORDS REQUIRED BEFORE SCHEDULING N/A <input type="checkbox"/>
Previous Medications:	PLEASE LIST ALL PREVIOUS & CURRENT MEDICATIONS FOR THE LAST ROLLING CALENDAR YEAR N/A <input type="checkbox"/>

REFERRAL INFORMATION	
Referring Provider:	
Contact #:	Phone: () Fax: ()
Comments:	INCLUDE CLINICAL REASON FOR SCHEDULING + INCLUDE THE LAST 3 PROGRESS NOTES

NOTICE: We are NOT accepting:

- Any court probations or orders
- Substance Abuse
- Disability (SSA/D, FMLA, STD/LTD, LOA, etc.)

PLEASE SPECIFY WHICH PROVIDER YOU PREFER YOUR PATIENT TO BE SCHEDULED WITH

PSYCHIATRIST: NO | YES – if yes:

STEVEN SCHNEIR, MD	CONNIE HIRSH, MD	MICHAEL TICHY, CNP	JENNIFER HUGHES, CNP	EMILY WALTERS, CNP	ANYONE ON PLAN
--------------------	------------------	--------------------	----------------------	--------------------	----------------

THERAPIST: NO | YES – if yes:

D. SCHNEIR	L. BAKER	G. BYERS	D. SHERMAN	K. FULLER	V. SPOHN	D. CONN	C. THORPE	ANYONE ON PLAN
------------	----------	----------	------------	-----------	----------	---------	-----------	----------------

Optima Behavioral Health, Inc.

www.optimabh.com

81 Outerbelt Street P: (614) 759-5075
Columbus, Ohio 43213 F: (614) 591-4480