

# BUTLER HOSPITAL REFERRAL FORM

Partial Hospital and Intensive Outpatient Programs  
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.

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**

Young Adult/18-26

Integrated Therapies Program

Cognitive Behavioral Therapy

Woman's Program

Alcohol & Drug

Not Sure \_\_\_\_

#### **OUTPATIENT**

OCD IOP \_\_\_\_

Older Adult IOP/65+ \_\_\_\_\_

True Self IOP-LGBTQ+/18-26 \_\_\_\_\_

College Student IOP/18-26 \_\_\_\_\_

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.