



UNIVERSAL COMMUNITY BEHAVIORAL HEALTH REFERRAL FORM

[Meadows.CentralIntake@uhsinc.com](mailto:Meadows.CentralIntake@uhsinc.com)

Phone: 888.520.8224 Fax: 814.364.8808

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_\_ School/Employer \_\_\_\_\_

If under 18 who has custody? \_\_\_\_\_ Are there custody Papers:  No  Yes

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

LANGUAGE SPOKEN:  English  Spanish Other: \_\_\_\_\_ Interpreter Needed:  No  Yes

MARITAL STATUS:  Single  Married  Divorced  Widowed  Separated  Unknown

ETHNICITY:  Asian  African American  Caucasian  Hispanic  Native American  Other: \_\_\_\_\_

**TREATMENT HISTORY**

Inpatient	Provider / Date	Outpatient	Provider (Current/Past)
Psychiatric: _____		Therapy: _____	
Detox / Rehab: _____		Psychiatry: _____	
Partial: _____		FBMH: _____	
Group Home: _____		BHRS: _____	
RTF: _____		Case Manager: _____	
EAC / State: _____		CYS: _____	
Other: _____		Peer Support: _____	
		Probation: _____	
		PCP: _____	
		Phone #: _____	

**\*\*PLEASE COMPLETE TO THE BEST OF YOUR ABILITY**

Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Medications (May also attached current medication list): \_\_\_\_\_  
\_\_\_\_\_

Presenting Problem/Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

Services Requested/Recommending: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_  
SUBSCRIBER'S NAME: \_\_\_\_\_  
SUBSCRIBER'S S.S. #: \_\_\_\_\_  
INSURANCE CO. PHONE #: \_\_\_\_\_  
ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_  
SUBSCRIBER'S NAME: \_\_\_\_\_  
SUBSCRIBER'S S.S. #: \_\_\_\_\_  
INSURANCE CO. PHONE #: \_\_\_\_\_  
ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**(Please attach records if returning completed form to central intake)**

For Office Use Only:

<input type="checkbox"/> Crisis	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine	
Appointment Date/Time Offered _____/_____/_____	Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Appointment Date/Time Scheduled for: _____/_____/_____			
Staff Signature: _____	Date: _____	Time: _____	