

Please Select Level of Care & Program Track(s):

Inpatient Anticipated Start Date: _____

<input type="checkbox"/> Trauma	<input type="checkbox"/> Addiction	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Crisis Stabilization
Combat Trauma	SUD	Adjustment	Abbreviated Treatment
Complex Trauma	Process Addict	Suicidal/Homicidal	Acute Crisis
Survivors Guilt	Co-Occurring	Childhood Abuse	Other
MST	Detox	Gen. MH	
Other	Other	Other	

Women's Inpatient Program - *Site Specific
*Select track(s) from above

Outpatient Anticipated Start Date: _____

PHP IOP

Clinical Information:

*Please attach/fax recent Psych Eval, mental health progress notes, current medications and other pertinent medical records

Diagnosis(es): _____

Medical Conditions and Other Pertinent Info: _____

Presenting Concern: _____

Pending Military UCMJ/Legal?: Yes No

Command Contact

Name(s)

Contact Phone Number(s)

Transportation requested? Yes No

Transportation may be requested as part of treatment to ensure that service members receive care as quickly and safely as possible for this specialty service. The service member will be returned back to referring provider at a time and date mutually agreed upon by facility and referring provider.

_____/_____/_____
Referring Provider Signature Date

Patient Demographics:

Name: _____
DOB: _____
SSN: _____
Gender: _____
Phone Number: _____
Duty Station: _____
Unit: _____
Branch: _____
Rank: _____

TRICARE AUTHORIZATION SUBMITTED?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Weekly Clinical Update Contacts:

On-Call/After Hours Clinic Number: _____
Base Behavioral Health Provider
Name
Phone
Fax
Email
Base Nurse Case Manager
Name
Phone
Fax
Email
Additional Contact (title):
Name
Phone
Fax
Email

ONE CALL DOES IT ALL

Toll Free: 844.330.6600

Fax: 972.810.7171

Email: H4H@lifepointhealth.net