7761 Garden Grove Blvd. Garden Grove, CA 92841 Fax: (714) 908-7681 | Phone: (714) 898-8888

Referral to NH Behavioral Health Services

DATE OF REFERRAL

PATIENT'S NAME | DOB | PHONE #

ADDRESS STREET | APT # | CITY & ZIP CODE

LEGAL GUARDIAN (IF UNDER 18) | RELATIONSHIP TO PATIENT | PHONE #

LANGUAGE SPOKEN: ☐English ☐Spanish ☐Vietnamese

INSURANCE: ☐Medicaid/Medicare ☐Cal-Optima ☐Self-pay

This patient is currently receiving medical care services at our practice and is in need of a Behavioral Health Assessment from you/your agency.

Referring Source: ☐ETS ☐CAT ☐ER ☐AMHS ☐ADAS ☐SELF: _____
☐OTHER: _____

Agency: _____ Phone: _____
_____ Fax: _____
_____

Reason for Referral:
Specific concerns/requests/recommendations:

The following patient information is attached:

- ☐Most recent physical exam
- ☐Medical diagnosis(es)
- ☐Medication list
- ☐Recent lab work
- ☐Other:

Signature: _____
(Physician, Physician Assistant, Nurse Practitioner, etc.)