

# 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 <b>REQUIRED BEFORE SCHEDULING</b> 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 <b>CLINICAL</b> REASON FOR SCHEDULING + <b>INCLUDE THE LAST 3 PROGRESS NOTES</b>

**NOTICE: We are *NOT* accepting:**

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

PLEASE SPECIFY WHICH PROVIDER YOU PREFER YOUR PATIENT TO BE SCHEDULED WITH							
<b>PRESCRIBER</b>	No <input type="checkbox"/>	First Available <input type="checkbox"/>	Specific Provider (circle below, not a guarantee):				
STEVEN SCHNEIR, MD	CONNIE HIRSH, MD	MICHAEL TICHY, CNP	JENNIFER HUGHES, CNP	RICHELLE SHEETS, CNP	MARY ABBOTT, CNP	NANCY PALNIK, CNP	
<b>THERAPIST</b>	No <input type="checkbox"/>	First Available <input type="checkbox"/>	Specific Provider (circle below, not a guarantee):				
D. SCHNEIR	L. BAKER	G. BYERS	D. SHERMAN	K. FULLER	V. SPOHN	D. CONN	ANYONE ON PLAN

**Optima Behavioral Health, Inc.**

www.optimabh.com

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