

# HELP — FOR — HEROES

## Referral Form

### Please Select the Program(s) Recommended:

#### Inpatient

- |                                 |                                    |  |   |
|---------------------------------|------------------------------------|--|---|
| <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                       | MST                                    | Other   |
| TBI/Injury                      | Detox                              | Gen. MH                                |   |
| Other                           | Other                              | Other                                  |   |

#### Outpatient

- PHP       IOP

### Clinical Information:

Diagnosis(es):

Medical Conditions and Other Pertinent Info:

Presenting Concern:

**\*Please attach and fax current medications and other pertinent clinical information on patient\***

Pending Military UCMJ/Legal?: Yes      No

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.*

### Patient Demographics:

Name:

DOB:

Duty Station:

Branch/Rank:

MOS/Job Title:

### WEEKLY UPDATE CONTACTS:

#### Base Behavioral Health Provider

Name

Contact Phone Number

Contact Fax Number

Email

#### Command Contact

Name

Contact Phone Number

Referring Provider Signature

Date

**ONE CALL DOES IT ALL**  
Toll Free: 844.330.6600      Fax: 972.810.7171