

# Behavioral Health Referral

Available to **all** patients (regardless of their infusion/injection needs)



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## PATIENT

Full Name:

DOB:

Mobile Phone:

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## DIAGNOSIS ICD-10 codes (if available)

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## PROVIDER

Provider Name:

Provider NPI:

Practice Name:

Referral Coordinator Name:

Practice Address:

Phone:

Fax:

Email:

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## BEHAVIORAL HEALTH

Behavioral Health Referral

Patients are scheduled with Behavioral Health Specialist **within 48 hours of referral.**

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## SENDING YOUR REFERRAL

- Fax this referral form to (888) 373 – 5528
- If your EMR uses a secure direct email, you can send the referral using your EMR Referral function to [uptivhealth@org126.direct.charmhealth.com](mailto:uptivhealth@org126.direct.charmhealth.com)

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## SPECIAL INSTRUCTIONS

If you have any specific insights or concerns about the patient's needs, please list them here.

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## PLEASE ATTACH THE FOLLOWING SO WE CAN MOST EFFICIENTLY PROCESS THE PATIENT'S ORDER

Patient Demographics    Insurance card    Latest Progress Notes

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Provider Signature

Date