

# Hickory Trail and Branches Dallas

Referral Fax Sheet

2000 Old Hickory Trail Rd Desoto TX 75115

Fax to IP: 214-389-7444

Fax to OP: (512)-420-4126

Attention: Branches Referral Re (Pt Name): \_\_\_\_\_

## Referral Source Information:

Professional Referring (Name and position):	
Agency:	
Address:	
Phone:	
Fax:	

## Patient Information

Patient Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SS# DOB:
Insurance Carrier(s)	Policy Number: Group Number: _____	Patient Phone Number: _____
Employer:	Patient Phone #:	
<b>Presenting Problem(s) :</b> <input type="checkbox"/> Anxiety <input type="checkbox"/> Drug abuse <input type="checkbox"/> Other complaint: <input type="checkbox"/> Depression <input type="checkbox"/> Alcohol abuse                      _____ <input type="checkbox"/> Passive Suicidal Ideation <input type="checkbox"/> Truancy w/ work <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Truancy w/ school <input type="checkbox"/> Active Suicidal Ideation <input type="checkbox"/> Active Homicidal Ideation <input type="checkbox"/> Psychosis		
<b>Precipitating Events or Stressors:</b>   		
<b>Special Instructions/Needs:</b> <input type="checkbox"/> Assessment Results <input type="checkbox"/> Regular updates during programming <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Medication Adjustments <input type="checkbox"/> Other	<b>Special Instructions/Needs:</b> <input type="checkbox"/> Virtual programming for Outpatient only	
<b>Transportation:</b> <input type="checkbox"/> I need help facilitating transportation (once admitted for Outpatient only)	<input type="checkbox"/> Patient can provide own transportation	

