YUC Behavioral Health, Inc.

777 Cleveland Ave. Ste. #605 Atlanta, GA 30315
5833 Stewart Parkway. Ste. 201, Douglasville, GA 30135
404-564-9831 (O) 404-564-9837 (F)

Referral Form

Name:		**SSN:**
Address:		Referral Date:
		Referral Source:
County:		Medicaid #:
Phone:		
Ethnicity:	Gender: __M __F	Date of Birth:
Parent/Guardian/Representative:		

Additional Contact(s)

Name:	Name:
Relationship: __Teacher __P.O.__Relative __Other (Specify)_____	Relationship: __ Teacher __P.O.__Relative __Other (Specify)_____
Address:	Address:
Employer:	Employer:
Phone: _____Work_____Home _____Pager_____Cell	Phone: _____Work_____Home _____Pager_____Cell

Medical Information

Allergies: Allergies: (Y) or (N) *If yes specify:*	Seizures: (Y) or (N) *If yes specify:*
Insurance #:	

Present Prescribed Meds/Dosage/Frequency:

Diagnosis:

1. Primary 2. Secondary 3. Other

Judge Name (If Applicable):

Name: Number:

Comments (Current Charges, DAI Score, Reason for Referral, Etc**):**

Please fax this form, psychological and psychosexual if available to (404) 564-9837 or call (404) 564-9831 if there are any questions.

OFFICE USE ONLY

Date Received		Date Assigned	