

# Transitions Behavioral Health

Patient Referral Form

Phone & Fax: (956) 524-2003 • www.tbhtx.com

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**Prescribers & LPCs available within 7 days**

## Referral Basics

Patient Type:  Adult (18+)  Pediatric (<18) Date:

## Referring Provider

Practice Name

Provider Name  Provider Phone

## Patient Information

Patient Full Name

DOB  Patient Phone

## Reason for Referral

- Anxiety  ADHD  Bipolar Disorder  
 Depression  Insomnia  Therapy (LPC)  
 Medication Management

Other:

## Medication Management (if applicable)

Current Psychiatric Medications

Past Medication Trials

Safety Risk:  None  Passive SI  Active SI (call office)

Submit via Phone/Fax: (956) 524-2003 • For urgent safety concerns, please call directly.

## Clinical Notes