UBHS
UNITED BEHAVIORAL HEALTH SOLUTIONS.

Psychiatric Services Referral

Please fax this referral to 770-538-1992 or email this form to referrals@ubhsinc.com
Feel free to attach any information on past behavioral health treatment, CCFA, IEP or other information.

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DATE OF BIRTH: _____

GENDER IDENTIFICATION: _____

Insurance Information

Insurance Name: _____

Member Number: _____

Group Number or for CMO Patients Medicaid Number : _____

Current Issues or Challenges: _____

Pharmacy _____