



Psychiatric Consultation Referral

complete the following document and fax to 770-212-2203 or email to referrals@ubhsinc.com

THANK YOU FOR CHOOSING UBHS. IN PARTNERSHIP WITH AMERIGROUP, WE OFFER CONSULTATIVE SERVICES FOR GENERAL PRACTITIONERS AND PEDIATRICIANS ON THE TREATMENT OF CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS. PLEASE COMPLETE THIS FORM AND WE WILL REPLY WITH OUR CONSULTATIVE RECOMMENDATIONS/QUESTIONS WITHIN ONE BUSINESS DAY.

PATIENT INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

AMERIGROUP
MEMBER NUMBER:

PHONE NUMBER:

DATE OF BIRTH:

PCP/PEDIATRICIAN

NAME OF
PROVIDER/
PRACTICE:

CONTACT PERSON:

PHONE

FAX:

EMAIL:



REASON FOR
REFERRAL :

MEDICAL PROBLEM
LIST:

CURRENT
MEDICATIONS:

ADVERSE
REACTIONS:

HX OF SUICIDAL OR
HOMICIDAL
IDEATION OR
CURRENT
CONCERNS:

OTHER
COMMENTS.:
