



HOLISTIC BEHAVIORAL HEALTH SERVICES, LLC.

2156 Wooddale Blvd Suite 750| Baton Rouge, LA 70806 Telephone#: 225-930-8058 Fax#: 225-930-8059

www.holisticbh.org

REFERRAL FORM

Thank you for choosing to refer your patient to Holistic Behavioral Health Services. To start the referral process, please complete this form and fax it directly to our agency.

FAX TO: 225-930-8059 Send brief pertinent medical records.

For help referring a patient, call 225-930-8058

Date	From
No. of pages	Title
To Holistic Behavioral Health Services	Phone
Fax 225-930-8059	Fax

- Home & Community Based Services SUD Intensive Outpatient Program Both

PATIENT INFORMATION

Name of patient _____

DOB _____

Home phone _____ Work phone Cell phone _____

Parent or caregiver _____

Address _____

City _____ State _____ Zip _____

Insurance _____

REFERRING PROVIDER INFORMATION

Name	Specialty
Phone	Fax
Primary care provider	Phone
Signature	

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.