



Referrals and Information Request

To refer someone to our Outpatient Behavioral Health Program, please complete this referral form and fax it to 308-344-8281

Please provide the following:

- Patient Name: _____
- Patient Phone Number: _____
- Reason for Referral _____

- Diagnosis: _____
- Please send any additional supporting documentation such as:
 - Current labs or other diagnostic studies
 - Last provider or therapy notes
 - Hospital discharge/discharge summary
 - Medication records
 - Treatment Plan

**Patient referrals are reviewed as they are received and our staff will contact the patient for scheduling based on availability of the provider(s) schedule. If you have any further questions or concerns, please contact our office at (308) 344-8280, Monday through Thursday 730-530PM. Thank you for your referral and we look forward to collaborating with you to serve the needs of this individual.

Sincerely,

Community Hospital Behavioral Health