**NOTIFICATION OF FIRST BEHAVIORAL HEALTH APPOINTMENT**

**TO: Primary Care Provider (PCP)** Address:

Phone: *Office:* *Cell:*

Email: Fax:

**FROM: Behavioral Health Provider**: Address:

Phone: *Office:* *Cell:*

Email: Fax:

**RE:** **Patient Name**: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Legal Guardian Name(s):

 Address:

 Home Phone: Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The patient identified above has attended an intake appointment at our office.**

**Their guardian has identified you as the patient’s PCP.**

**A release of information for this patient:** ☐ **is** **attached** ☐ **has already been sent**

Patient attended an intake appointment on this date:

Patient’s Chief Complaint(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete a Pediatric Referral to Behavioral Health Services form and send to me at the encrypted email listed above (if you have not already done so).**

Please contact me with any questions or concerns at the following:

☐Office Phone ☐Cell Phone ☐Email ☐Fax *(add contact info here if different from above)*

Best times to reach me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Behavioral Health Provider Signature Date**