



NKHSPCP REFERRAL FORM

PLEASE ATTACH LAST OFFICE NOTE OR OTHER *RELEVANT DOCUMENTATION

Processing for services may be delayed if this form is not fully completed

Patient Name:	Date of Birth:
Patient Phone #:	SS#
Date:	
Parent/Guardian Name:	

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	Policy #:	Subscriber:
Mental Health Diagnosis(es)/Symptoms you are concerned about:		
Pertinent Medical Diagnosis(es):		
If urgent, please explain:		
Present Treatment for Mental Health (symptoms, medications, therapy, behavioral health, other):		
Medical Problem List:		

Current Medications:
(Please attach medication list)

Release of Information Signed <input type="checkbox"/> Attached (Must have NKHS release signed to give referring provider feedback information)		
PATIENT IS IN AGREEMENT WITH THIS REFERRAL		
Client Signature:		
Parent/Guardian Signature (if minor):		
<u>If this referral is for Psychiatric Services then I agree to accept patient care once stabilized</u>		
Provider Print:	Provider Signature:	Date:

Suicide Prevention Services Referral Checklist

- Patient is provided with NKHS 24 hours Emergency Services phone number: 802-334-6744 or 802-334-6744.
- 988 Suicide & Crisis Lifeline/Chat/Text 988, or <https://988lifeline.org/chat/>

Any additional information you would like NKHS to be aware of:

PLEASE FAX REFERRAL TO CORRECT SERVICE LOCATION

1-802-334-7455 FOR ORLEANS & NORTHERN ESSEX COUNTY

1-802-748-0704 FOR CALEDONIA & SOUTHERN ESSEX COUNTY

*Relevant Documentation includes but is not limited to: Chart Summary, Medication List, Office Note, Problem List, Psychiatric Evaluation, Labs

Derby
 181 Crawford Road
 PO Box 724, Newport, VT 05855
 802-334-6744 · Fax 802-334-7455
 Toll free 800-696-4979

St. Johnsbury
 2225 Portland Street
 PO Box 368, St. Johnsbury, VT 05819
 802-748-3181 · Fax 802-748-0704
 Toll free 800-649-0118