



Military Program Referral Form

To make a referral, please call 877-640-0220. Fax or email this form and any available supporting documentation to: 877-558-8846 (confidential), dustin.gallegos@uhsinc.com

PATIENT INFORMATION

Patient: _____ SSN: _____ DOB: _____

Patient Cell Phone: _____ MOS or Rank: _____ Duty Station: _____

Branch: _____ Diagnosis: _____

Program Request: Trauma Substance Abuse Dual Diagnosis

REFERRING PROVIDER

Referring Behavioral Health Provider: _____

Installation: _____ Department: _____

Non-DSN Phone Number: _____ Email: _____

After-hours Emergency contact: _____

Emergency Phone number: _____

Please identify any additional contacts who will receive progress updates during the patient's stay.
OCONUS facilities - please include country code and complete contact numbers.

ADDITIONAL CONTACTS

Nurse Case Manager or Primary Clinical Contact: _____

Phone Number: _____ Email: _____

Unit Commander: _____

Phone Number: _____ Email: _____