



DCH Behavioral Health IOT Substance Use Disorder Referral Form

Phone: (812) 254-8634

Fax: (812) 254-8629

Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____ Can DCH text this number? Yes No

Alternative Contact Number: _____ Can DCH leave a message regarding appointments at this number? Yes No

Email Address: _____

Referral source: _____

Contact person: _____

Phone Number: _____ Email: _____

Address: _____

Reason for referral: _____

Type of Insurance: _____ Self Pay: Yes No

For the Referral to be processed it must include the following information:

- Copy of Photo ID
- Copy of Insurance Card(s)

Staff Use Only:

Staff member receiving referral: _____

Date: _____ Time: _____

Staff member following up on referral: _____

Date: _____ Time: _____

