

REFERRAL FORM



OUTPATIENT PSYCHIATRY SERVICE
PSYCHIATRIC DAY HOSPITAL PROGRAM
1750 112TH AVE NE, SUITE B102, BELLEVUE, WA 98004

Fax completed form and attachments to 425.739.4667, Attn: Psych Day Hospital Program

Patient Information:	
Name	
DOB	
Address	
Phone #	
Insurance Coverage	Payor/Plan: ID#:
Referred To:	
Overlake Outpatient Psychiatry Day Hospital Program Evaluation (Ambulatory Psychiatry) 1750 112 th Ave NE, Suite B102 Bellevue, WA 98004 p: 425.688.5681 f: 425.739.4667	
Referred By:	
Department	
Provider	
Address	
Phone #	
Fax #	
Diagnosis:	
ICD-10 Code(s)	

Please attach most recent progress notes/medical records for review.