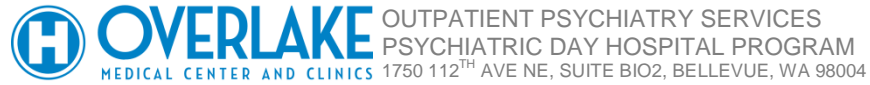


REFERRAL FORM



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) 688-5460 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.