



Bakersfield Behavioral

HEALTHCARE HOSPITAL

In-Take Phone: **877-755-4907** In-Take Fax: **661-241-5587**

Patient Name: _____ DOB _____ Sex ___ F ___ M

Patient Address: _____ Phone: _____

Subscriber Name: _____ DOB _____ SS _____

Sub. Relationship _____ Employed ___ Y ___ N Student ___ Y ___ N

Insurance Company _____ Ins. Phone _____

Insurance ID# _____ GRP# _____ Plan Type: _____

MRI # _____ PCP (please print) _____

Reason for referral:

Request for Outpatient Assessment: YES ___ NO ___

Referring Person/ Doctor / Agency Contact Information

Name: _____

Organization: _____

Phone: _____ Fax: _____

Client's Diagnosis: _____

Physician's Signature _____ Date _____ Time _____

Physician's Name Print _____

Transferring Physician Name _____ Date _____ Time _____

For further assistance please contact: Business Development Department 877-755-4907

Please attach all other pertinent information relating to this patient, if applicable.

Current Vitals

Bloodwork

Face Sheet

Current Notes

Insurance Card

Involuntary Hold