

PALMS
Behavioral Health

613 Victoria Lane Harlingen, TX 78550 / Phone: 956-365-2600 / Fax: 901-430-0426

INITIAL CONSULTATION REFERRAL FORM

Referring Agency: _____

Primary Care Physician: _____

Contact Person: _____ Office Phone: _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Home Phone #: _____ Alternate #: _____

Insurance: _____

Diagnosis: _____

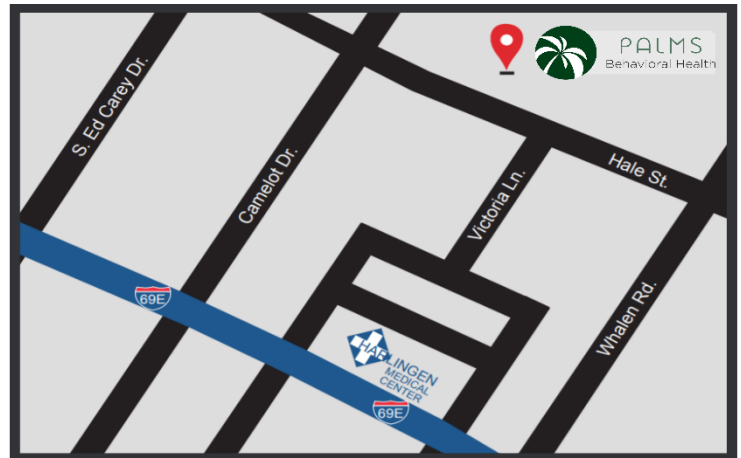
Special Instructions: _____

Things to bring with you for Inpatient Admissions:

- 3 sets of clothes
- Insurance card and identification card
- Your medications
- Shoes without shoelaces

Things NOT to bring with you:

- Sharp items, toiletries, valuables or jewelry



____/____/____ (DATE) Patient seen by physician and referred to Palms Behavioral Health Hospital for assessment.