

## Referral Cover Sheet – Outpatient Program (PHP & IOP)

To: Fort Lauderdale Behavioral Health Center Outpatient Scheduler  
Please scan and email to: [Gloria.Diaz@uhsinc.com](mailto:Gloria.Diaz@uhsinc.com) or fax into her directly  
at 954-734-2163.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Name/phone # of contact person: \_\_\_\_\_

Time paperwork received: \_\_\_\_\_

Please attach Patient Face Sheet which includes:

- o Patient name
- o Social Security number
- o DOB
- o Address
- o Insurance information
- o Diagnosis



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Tel: 954-734-2000

Toll-free: 800-585-7527

[ftlauderdalebehavioral.com](http://ftlauderdalebehavioral.com)



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