



Admission Fax Transmittal Form

TO: 7211 Preston Rd. Ste. 3300
Specialty Center 2
Plano, TX. 75024
Admission: 972-704-2450
Fax: 469-942-8393
Email: planoadmissions@havenllc.com

FROM:

Referral Source Company Name		
Sending Employee Name:		Title:
Date:	Time:	# of Pages including this cover sheet:

Point of Contact: (Who should Haven call to ask questions and give updates on acceptance or denial?)	
Name: _____	Number: _____
If Haven needs to speak to YOUR NURSE	
Nurse Name: _____	Nurse Number: _____

Reason for Referral: What is the reason your resident/client is needing outpatient behavioral health treatment?

Check all that apply:

- Mood Swings (new or significant increase)
 Depression Sleeping Problems
 Substance Use Anxiety (new or significant increase)
 Grief and Loss
 Other (please detail) _____

Description of other details NOT in Nurse Notes regarding patient's current concerns / need for treatment

Today patient's orientation is: _____

On a good day patient's orientation is: _____

*** Must attach Face Sheet, MAR, Nurse Notes with evidence of disturbance, recent labs***