



# Nulton Diagnostic & Treatment Center

1-888-918-5465

## OUTPATIENT REFERRAL FORM (COUNSELING AND MEDICATION MANAGEMENT)

Bedford • Blair • Cambria • Carbon • Clarion • Lehigh • Monroe • Pike • Somerset • Westmoreland

EMAIL: SCHEDULING@NULTON.COM  
PHONE: 814-846-5120 FAX: 814-419-8276

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

Guardian(s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Patient insurance #1 and ID number: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient insurance #2 and ID number: \_\_\_\_\_  
(IF APPLICABLE)

Subscriber name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### REASON FOR REFERRAL:

- REQUESTING COUNSELING
- REQUESTING PSYCHIATRIC SERVICES INCLUDING MEDICATION MANAGEMENT
- REQUESTING DIAGNOSTIC EVALUATION
- OTHER: \_\_\_\_\_

*Are current behavioral health services being received?*    YES    NO  
*If yes, please describe Behavioral Health services current being received:*

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*Are Behavioral Health medications being taken?*    YES    NO  
*If yes, please list provider of medications.*

*Provider:* \_\_\_\_\_

*Current medication list:* \_\_\_\_\_

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*Please list previous Behavioral Health Treatments.*

**PREVIOUS INPATIENT PSYCHIATRIC HOSPITALIZATIONS**  
(MOST RECENT HOSPITALIZATION, TOTAL NUMBER, REASONS FOR ADMISSION,  
LOCATION OF HOSPITALIZATION)

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**PREVIOUS LONG-TERM TREATMENT**  
(RTF, RTF-A, LTSR, STATE HOSPITAL, DAS)

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**PREVIOUS OUTPATIENT TREATMENT**  
(IOP, PHP, COUNSELING, MEDICATION MANAGEMENT, FAMILY-BASED SERVICES, MOBILE THERAPY)

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**PREVIOUS ADDITIONAL SERVICES**  
CASE MANAGEMENT, PEER SUPPORT, OTHER

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