



SBH Referral/Consultation Request Form

Please complete this form and fax to **(718) 690-3391**

or email to **CPRO@sbhny.org**

For questions please call **(718) 960-9122**

Date of Request: ____/____/____

Patient Information

Patient Name: _____ Patient Contact Number: () _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

Date of Birth: ____/____/____ Gender: Male Female Other (specify) _____

Primary Language: English Spanish Other (specify) _____

Insurance: _____ Medicaid #: _____

Insurance Member ID: _____ Medicare #: _____

Provider Information

Referring Provider (Please print): _____ PCP: Yes No

NPI # _____

Contact number: () _____ - _____ Fax number: () _____ - _____

Mailing Address: _____

Consultation Request

Diagnostic Test or Specialty Service Requested: _____

R/O or Reason for Request: _____

Please fax relevant lab, imaging & other studies along with your referral.

Please provide authorizations required. **SBH NPI: 1548367873**

Authorization Number: _____ Expires: _____

Number of visits authorized, if applicable: _____ ICD – Code: _____ CPT Code: _____

CONFIDENTIAL COMMUNICATION: THIS TRANSMISSION IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS CONFIDENTIAL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THE FAXED MATERIALS AND CONTACT THE SENDER IMMEDIATELY AT (718) 960-6659. THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS AND IS PROTECTED BY FEDERAL AND STATE LAW. THIS INFORMATION MAY INCLUDE CONFIDENTIAL MENTAL HEALTH, SUBSTANCE ABUSE, ALCOHOL ABUSE AND/OR HIV-RELATED INFORMATION. FEDERAL AND STATE LAW PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY LAW. ANY UNAUTHORIZED FURTHER DISCLOSURE IN VIOLATION OF THE LAW MAY RESULT IN A FINE OR JAIL SENTENCE OR BOTH. A GENERAL AUTHORIZATION FOR THE RELEASE OF THIS INFORMATION MAY NOT BE SUFFICIENT AUTHORIZATION FOR FURTHER DISCLOSURE.