

FAX: 330-253-5466

ATTN: ADMISSIONS

PORTAGE PATH BEHAVIORAL HEALTH

Service Referral Form

Client Name: _____ SSN: _____

DOB: _____ Insurance: _____ Phone: _____ OK to call & leave message.

Client Address: _____

Person Referring: _____ Phone: _____

PPBH Clinic Requested (Circle One): Akron Barberton North Summit

Reason for Referral: _____

Observed/Reported Impairment in Functioning: _____

Current Medications (OR attach Med Sheet): _____

Medical Issues: _____

Mental Health Treatment History: _____

Drug/Alcohol Use History: _____

Please fax Release of Information and any other pertinent information on this client.

Contact 330-253-3100, ext. 1701 with any questions.