Dayton Behavioral Care

2621 Dryden Rd, Ste 100, Moraine, OH 45439
Phone: (937) 281-0900 Fax: (937) 938-9751

REFERRAL FORM

DEMOGRAPHICS

PATIENT NAME _____ DOB: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ ALT PHONE # _____

PRIMARY INSURANCE _____ SUBSCRIBER ID _____

SECONDARY INSURANCE _____ SUBSCRIBER ID _____

Prescription Drug Insurance_____ Card BIN # _____

REFERRING PHYSICIAN _____

PHONE # _____ FAX# _____

OFFICE ADDRESS _____

Please Designate The Services Requested For The Referral Below:

- Medication Management
- Psychotherapy /EMDR
- Spravato (Esketamine nasal Spray)
- IV ketamine Infusion
- TMS

REASON FOR REFERRAL _____

DAIGNOSIS _____

Medications tried in current episode: Please Send all Pertinent Medical Records

Medication Name	Max Dose	Time period	Response/SE	Current med?

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List of Pre-existing Medical and Psychiatric Conditions

Additional Information

PROVIDER'S SIGNATURE _____ DATE _____

- Fax Referral at (937)938-9751