



Mental Health Resource Connection

PH: 937-641-4780 • Fax: 937-641-6473

One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

PLEASE PRINT (ALL INFORMATION IS REQUIRED)

Date of Request: _____

PATIENT INFORMATION

Patient's name: _____

M F

DOB: _____

Parent/Guardian Name(s): _____

Home phone: _____

Work phone: _____

Cell phone: _____

Preferred contact phone work cell home

Email address: _____

Address: _____

City: _____ State: ____ Zip: _____

1st Insurance: _____

2nd Insurance: _____

Preferred Language: _____

REFERRING PRACTITIONER INFORMATION

Office name: _____

Provider name: _____

Office location: _____

Office contact person: _____

Phone: _____ Fax: _____

Check One

Patient's name: _____

Counseling

Counseling and Psychiatry

Psychiatry

Testing/Assessment

Other/Specify

Issues of Concern

Abuse/Neglect

Family Problems

ADHD

School Issues

Anxiety

Self Esteem

Bipolar

Substance Abuse

Bullying

Trauma

Depression

Other

Brief Description:

Testing/Assessment

ADHD

Education

Other

Brief Description:

Please fax directly to Mental Health Resource Connection

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