



Part of the Heritage Oaks Hospital Family of Services
<https://theoaksoutpatient.com>

REFERRAL FORM

PLEASE COMPLETE THIS FORM AND FAX TO (916) 596-2015

YOU CAN ALSO MAKE A REFERRAL BY CALLING (916) 480-5101

- If a client is experiencing psychiatric symptoms that negatively affect daily functioning, our programs provide comprehensive care and support tailored to help avoid hospitalization.
- Upon discharge from an inpatient hospital stay, our programs provide extra support, therapeutic tools and linkage back to respective follow-up providers.

Client Name:	
Client Phone:	
Address:	
DOB:	
Insurance Carrier:	
Insurance Subscriber ID#:	
Referred by:	
Referral Contact Phone Number:	
Diagnosis/Symptoms to be treated:	

If you have questions regarding any of the programs under the Heritage Oaks Hospital Family of Services, please contact Jamie DeJesus at (916) 480-5113 or at Jamie.DeJesus@uhsinc.com