

# HELP — FOR — HEROES

## Referral Form

### Please Select the Program(s) Recommended:

#### Inpatient

- |                                 |                                    |  |   |
|---------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Addiction | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Crisis Stabilization |
| Combat Trauma                   | SUD                                | Adjustment                             | Abbreviated Treatment                         |
| Complex Trauma                  | Process Addict                     | Suicidal/Homicidal                     | Acute Crisis                                  |
| Survivors Guilt                 | Co-Occurring                       | MST                                    | Other   |
| TBI/Injury                      | Detox                              | Gen. MH                                |   |
| Other                           | Other                              | Other                                  |   |

#### Outpatient

- PHP       IOP

### Clinical Information:

Diagnosis(es):

Medical Conditions and Other Pertinent Info:

Presenting Concern:

**\*Please attach and fax current medications and other pertinent clinical information on patient\***

Pending Military UCMJ/Legal?: Yes      No

Transportation requested?    Yes    No

*Transportation may be requested as part of treatment to ensure that service members receive care as quickly and safely as possible for this specialty service. The service member will be returned back to referring provider at a time and date mutually agreed upon by facility and referring provider.*

### Patient Demographics:

Name:

DOB:

Duty Station:

Branch/Rank:

MOS/Job Title:

### WEEKLY UPDATE CONTACTS:

#### Base Behavioral Health Provider

Name

Contact Phone Number

Contact Fax Number

Email

#### Command Contact

Name

Contact Phone Number

Referring Provider Signature

Date

**ONE CALL DOES IT ALL**  
Toll Free: 844.330.6600      Fax: 972.810.7171

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## What to Bring

- All the medications you are currently taking, including OTC meds and inhalers (List or bottles/inhalers) Military ID/Driver's License
- 7 - 10 sets of civilian clothing/underwear/socks (no strings or ties). Washers and dryers are available on the units for washing clothes (Facility will provide detergent)
- Sweater/Jacket Nightwear/pajamas
- Comfortable shoes (no laces or boots)
- Gym shoes (with laces are permitted only during scheduled gym/PT time)
- You may keep a small amount of jewelry (wedding band, small earrings – Facility is NOT responsible for lost or stolen items)
- If you smoke, pack enough un-opened cigarettes to last the length of your stay
- Eye-care items (contact lenses/cleaning solution/case/eyeglasses) and toiletries
- Toiletries that do not include alcohol or aerosols & shower shoes

*\*We provide personal hygiene items such as toothpaste, toothbrushes, deodorant, shampoo and soap if needed.*

## **The following items are also allowed, but will be held in a personal belongings locker and issued during times of supervision:**

- Cell Phone
- Cash, Checkbook, Credit Cards Electric razors
- Musical instruments Cosmetics
- Curling irons, hair dryers, straighteners, and other electric items (as approved)
- 

## Please Do Not Bring

- Aerosol products/flammable liquids
- Products containing alcohol (to include toiletries)
- Cameras, laptops, personal gaming systems, radios, TV, MP3 players Food/Gum/Beverages
- Lighters/matches
- E-Cigarettes, or vapes
- Clothing Hangers
- Provocative clothing or clothing displaying drug paraphernalia Spiral/wire bound notebooks, Hard-back books
- Smart Watches
- Weapons of any kind (including pocket knives)

*\*Please note that this is not a comprehensive list of all items. Any questions, please call 844.330.6600*