



## THE PINES AT HOLLY HILL PHP/IOP REFERRAL FORM

PLEASE FAX TO 919.231.5302 OR SCAN + EMAIL TO YOUR COMMUNITY LIAISON

\*Community Liaison Contact Information on Reverse Side\*

Referral Date: \_\_\_\_\_

### Program of Interest (Circle One):

ADULT PHP (Psychiatric + Dual-Diagnosis Tracks)

ADULT IOP (Psychiatric + Dual-Diagnosis Tracks)

Referred By (Name & Agency): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_

Patient Address/Mailing: \_\_\_\_\_

Insurance Company, Policy Holder & Policy Number (can include copy of front/back insurance card):

Does Patient Have Reliable Transport (SELF or OTHER)? \_\_\_\_\_

Current Symptoms:

Current Medications:



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**Holly Hill Hospital's Community Liaisons serve as your one point-of-contact for clinical communications, scheduling admissions and assessments, requesting discharge paperwork and more.**

**Simply complete this form, scan and email to your Community Liaison.**

### **COMMUNITY LIAISON CONTACT INFORMATION:**

**ASHLEY ORLOVICH, Director of Business Development**

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**LESLIE CENEZY, Triangle + Central NC**

**Leslie.Cenezy@UHSInc.com (919) 436-5703**

**JESSICA BERRYMAN, Western NC**

**Jessica.Berryman@UHSInc.com (919) 270-9947**

**The Pines at Holly Hill, 3020 Falstaff Road, Raleigh, NC 27610**

**P. 919.250.7037**