



Rutland Regional Behavioral Health

A Department of Rutland Regional Medical Center

1 Commons Street, Rutland, VT 05701 | P 802.747.1857 | F 802.747.0129 | www.RRMC.org

RRBH Referral Form ➔ Fax completed form to 802.747.0129

Referral From: _____ Phone: _____

Referral to which services(s): O/P Dx Eval & Psychiatric Consult Outpatient Counseling

Patient Name: _____ DOB: _____

Address: _____ Phone (home): _____

(work): _____

• Reason for Referral: _____

• Precipitating Events: _____

• Current Psychiatrist or Psychiatric Medication Prescriber:

Name: _____ Phone: _____

Address: _____

• Other Mental Health Care Providers:

Name: _____ Phone: _____

Address: _____

• Previous Psychiatric Treatment:

Provider	Where	When	Reason	IP or OP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

• Insurance Information:

Insurer: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Consult/Referral Ordered by: _____ Date/Time: _____

Form # 4805 Created 03/2017



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Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services

160 Allen Street, Rutland, VT 05701 • 802.775.7111 • Fax 802.747.3656 • www.rrmc.org



Patient Label