

FAX REFERRAL FOR: Behavioral Health with Fort Health

Fax to: 973-381-5773

INSTRUCTIONS:

1. Fill out the form.
2. Fax form to 973-381-5773. We'll contact your patient within (1) business day and inform you when contact has been made.
3. Please provide your contact information below so that we can keep you updated.

FAMILY INFORMATION

Child Name

Child Date of Birth

Parent or Guardian Name

Parent or Guardian's Phone Number

Parent or Guardian's Email Address

REFERRAL NOTE☐

Parent or guardian has
provided verbal consent to
receive texts and email.

REFERRAL SOURCE

Name of Practice, Office, or Clinic

Referring Provider Name

Contact Person

Contact Person Email (if available)

Contact Person Phone Number

Contact Person Fax Number (if available)

Phone: 201-208-2616
[Forthealth.com/refer](https://forthealth.com/refer)
care@forthealth.com