



UMPQUA HEALTH

NEW DAY

Referral

To refer a current UHA OHP member to **New Day**, complete the following (fill out as much as you can):

Date: _____ UHA Member #: _____

Patient name: _____ DOB: _____

Address: _____
Street apt # City State Zip

Main phone #: _____ message ok? _____

Other phone #: _____ message ok? _____

Email: _____

Best way to contact: ___phone ___email ___mail ___other_____

Referring Provider: _____ Due Date: _____

Provider Contact Information: _____

Office phone: _____ Office fax: _____

Is the patient aware of this referral? _____ # Of Weeks Pregnant: _____

Issues of concern: (check all that apply)

___housing ___domestic violence ___financial ___social supports ___family supports

___mental health (depression, anxiety, PTSD, etc.) ___disability

___tobacco ___alcohol ___marijuana ___street drugs ___prescription drugs

List current substances being used, if known: _____

Other concerns or comments: _____

Please send this referral by fax, email, or phone (see contact information below).

Mandy Rigsby BA; NCAC II; CADC II