



# THE MILITARY PROGRAM REFERRAL FORM

To make a referral, please fax or email this form and any available supporting documentation to:  
940-381-2236 (confidential) • ubhdentonmilitary@uhsinc.com  
Then either call 940-320-8100 (Intake) or 940-765-1285 (secure cell)

## PATIENT INFORMATION

Patient: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Cell Phone: \_\_\_\_\_ MOS or Rank: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Program request:     Substance Abuse     Crisis Stabilization     Safe Haven (psych/MST)     Trauma

Branch: \_\_\_\_\_ Patient to deploy:  Yes     No    Anticipated deployment date: \_\_\_\_\_

Note any UCMJ actions/discharge plans for SM: \_\_\_\_\_

Transportation assistance needed?     Yes     No

## REFERRING PROVIDER

Referring behavior health provider: \_\_\_\_\_

Installation: \_\_\_\_\_ Department: \_\_\_\_\_

Non-DSN phone: \_\_\_\_\_ Email: \_\_\_\_\_

After-hours emergency contact: \_\_\_\_\_

Please identify any additional contacts who will receive progress updates during the patient stay.  
Command updates are automatic. Please note if you prefer we **do not** update command on this case. \*OCONUS facilities - please include country code and complete contact numbers.\*

## ADDITIONAL CONTACTS

Home Fort/Base Behavioral Health Dept: \_\_\_\_\_

Nurse Case Manager or Primary Clinical Contact: \_\_\_\_\_

Non-DSN phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

First Sergeant: \_\_\_\_\_ Non-DSN phone: \_\_\_\_\_

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