

Lindner Center of HOPE

Professional Associates

4075 Old Western Row Rd., Mason, Ohio 45040

LCOHPA OUTPATIENT ACCELERATED OCD SERVICE
EXTERNAL REFERRAL FORM FOR SERVICES

Once form is complete, print and **fax to (513) 536-0619** attn Dr. Jennifer Wilcox or scan and email to acceleratedocd@lindnercenter.org. For additional questions regarding your referral please call Dr. Wilcox at 513-536-0602.

Patient Information

Name of Patient:

Date of Referral

DOB:

LCOHPA MR#

Parent's Name (if minor):

Best Contact #:

Insurance Information

Insurance Co.:

ID#:

Group #:

Subscriber Name:

DOB:

To Verify Benefits:

Referral Source

Referrer:

Phone/Fax:

Email:

Outpatient Psychotherapist:

Phone:

Outpatient Psychiatrist/APRN:

Phone:

Clinical Information

Reason for Referral (Include patient experience and response to ERP treatment)

Psychiatric Diagnoses:

Estimate of Patient motivation for Exposure and Response Prevention (0-10):

Description of Current Substance Use

Current Medications