



PsychCHAT

# Request Form

**\*Mandatory Information**

Please complete and send form to [psychchat@haltonhealthcare.com](mailto:psychchat@haltonhealthcare.com)

|   |   |                       |
|---|---|-----------------------|
| <b>* Name of Referring Provider</b>   |   |                       |
| <b>* Practice Name &amp; Address</b>  |   |                       |
| <b>* e-mail address</b>   |   |                       |
| <b>* Best contact number to reach referring provider</b>  |   |                       |
| <b>* Preferred Time for Contact <i>(Not guaranteed)</i></b>   | <i>* Select all timeslots that you would like to receive the call back*</i>   |                       |
|   | <b>DAY</b>  | <b>8:00am -1:00pm</b> |
|   | <i>Monday</i>   |                       |
|   | <i>Tuesday</i>  |                       |
|   | <i>Wednesday</i>  |                       |
|   | <i>Thursday</i>   |                       |
| <i>Friday</i>   |   | <b>12:00pm-4:00pm</b> |
| <b>* Please briefly describe reason for PsychCHAT Request</b><br><i>***No Patient identifying/Health Information***</i> |   |                       |
| <b>Important Information</b>  | <ul style="list-style-type: none"> <li>✓ PsychCHAT provides non-urgent general phone advise/recommendations only</li> <li>✓ PsychCHAT will not provide treatment plans for <b>specific</b> or <b>identified</b> patients</li> <li>✓ PsychCHAT psychiatrist will contact you within 3 business days of the referral.</li> <li>✓ Your request will be cancelled if we cannot connect you after two attempts.</li> <li>✓ Please contact <a href="mailto:psychchat@haltonhealthcare.com">psychchat@haltonhealthcare.com</a> for any questions or feedback regarding this service</li> </ul> |                       |

