



Center for Change Referral Form

Client Name _____ Client Date of Birth _____
Client Address _____
Client Phone Number _____
Insurance Carrier _____
Subscriber Name _____
Subscriber Address (if different from Client) _____
Policy ID# _____ Insurance Carrier Phone _____

Referral for:

<i>Orem, UT (main) location</i>	_____ Inpatient	_____ RTC	_____ PHP	_____ IOP
<i>Cottonwood Heights, UT location</i>			_____ PHP	_____ IOP
<i>Boise, ID location</i>			_____ PHP	_____ IOP

I. Basic Criteria for Admission

- Adolescent and adult females, 13+ (15+ for PHP/IOP)
- Primary diagnosis of eating disorder
- Co-existing mental and emotional illness
- Low body weight and/or low BMI are acceptable
- Cardiac functions must be stable

II. Requested Information from referral source

- Release of Information
- Patient mental health and medical history
- Current medications
- Recent lab results, if available. Labs will be done upon admission

III. Referral Process

- Fax this form and **Required Information** to 801-224-8301, Attn: Admissions
- CFC will call to confirm that we received the documents
- CFC will call to check insurance benefits
- CFC will call the client to schedule an assessment
- CFC will call to let the Referral Source know the date of the assessment
- CFC will call to let the Referral Source know the outcome of the assessment and treatment recommendations
- Upon admission, CFC will call the Referral Source with an update on the client and give the names of the assigned therapist and dietitian.
- Shortly after admission, CFC will send the Referral Source a letter with the signed release of information, the patient code, and the CFC treatment team's contact information

For questions, contact our Admissions Team at 888-224-8250