

**Graduate Medical Education  
SLBMI Behavioral Health Referral**

Referral Source Name and Title:

Department:

Name of Trainee:

**Mandatory Referral** Yes No

**For Mandatory Referrals-** The referral source will be notified whether the staff member contacts the Behavioral Health Program to set up an appointment. A letter verifying completion of the referral activity will be provided with the trainee's consent to the referral source.

**Referral Activity:**

Behavioral Health Evaluation Only Yes No

Effective Communication Course Only Yes No

Behavioral Health Evaluation and the Effective Communication Course Yes No

Other:

**Reason for Referral:**

- 1.
- 2.
- 3.

Please indicate how you would like contact with the trainee to be initiated

The trainee will contact the Behavioral Health Program at 314 977-1066 or at [SLBMI.SLU@uhsinc.com](mailto:SLBMI.SLU@uhsinc.com)

The Behavioral Health Program will contact the trainee at the following telephone or email for scheduling

**Phone:**

**Email:**

The referral was discussed with the trainee on the following date:

**Authorized Signature of Referral Source/Date**

**Signature of GME Trainee/Date**

**Please email/scan the completed form to:**

**[SLBMI.SLU@uhsinc.com](mailto:SLBMI.SLU@uhsinc.com)**