

Effective Communication Course Referral

Referral Source Name/Title/Department:

Name of Trainee:

Is this referral Mandatory? Yes No

For Mandatory Referrals: The referral source will be notified whether the trainee contacts the Behavioral Health Program to set up an appointment. A letter verifying completion of the Effective Communication Course will only be provided with the trainee's consent to the referral source.

Reason for Referral:

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
 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 Trainee/Date

Please email/scan the completed form to:
SLBMI.SLU@uhsinc.com