



SOUTHERN UTE INDIAN TRIBE

Southern Ute Health Center

ATTN: Behavioral Health

P.O. Box 899

Ignacio, CO 81137

REFERRAL FORM

Date:
Name of Person being referred:
DOB:
Contact Information:
Referring Agency/Person:
Contact Information:
Reason for Referral:
If minor child, who has legal custody:
Current medications:
Other pertinent information:

Please sign here

Date

Return Form to:
Behavioral Health
4101 CR 222, Durango, Co,
or Via Fax: 970-563-4885