

**Student Health Services**  
**The Ohio State University**  
**1875 Millikin Road**  
**Columbus, OH 43210**

Last	First	MI
ID#	(Place patient label here)	

## REFERRAL SCHEDULING FORM

For **psychiatric** and **counseling** referrals, please complete a release form at the Central Desk.  
**A copy of your insurance card is required in order to schedule appointment.**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Local/campus address \_\_\_\_\_

Translation services needed? No Yes, Language: \_\_\_\_\_ Hearing impaired? No Yes

Method of transportation (appt may be off campus): Have car Rely on friend Bus Other/Walk

Please indicate your insurance carrier: Student Health Insurance Benefits Plan

Wilce Care Supplement (provide family insurance information for the referral) Other, provide below:

Insurance Name \_\_\_\_\_ Insured's Date of Birth \_\_\_\_\_

Please provide times during the **DAY** that you will be available for your appointment. We make our best efforts to stay within the time frames given, but cannot guarantee that we can meet your specifications.

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Additional availability on weekends for MRI/CT appointments **only**: Sat \_\_\_\_\_ Sun \_\_\_\_\_

- \* I am aware of the importance and understand the risks to my overall health if I do not keep this appointment.
- \* I have had the chance to ask questions that were answered to my satisfaction pertaining to this referral.
- \* I authorize Student Life Student Health Services (SLSHS) to release my medical information that may be pertinent to this referral to the above physician/clinic.
- \* I acknowledge that I understand being referred by SLSHS does not guarantee health insurance coverage or full payment for services rendered by the referred provider, and I may be responsible for all or part of the charges.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Our referral team will be in contact with you within three to seven business days.