



Referral for Therapy

Please provide the requested information below, and we will contact the patient within 24-48 business hours. Questions? Call us at (800) 699-9395. We accept referrals via:

Email to referrals@h2health.com

Fax to (904) 757-9679

Fax to the clinic directly (h2health.com/locations)

Patient Name: _____

Parent Name (if applicable): _____

Sex at Birth: Male Female DOB: _____

Phone: _____ Email: _____

Preferred Clinic: _____ Zip code: _____

Evaluate & Treat

Services Needed: _____

Diagnosis: _____

Date of Sx: _____

Insurance: _____

Special Instructions: _____

Frequency/Duration: _____ x/week for _____ weeks

Provider Signature: _____ Date: _____

Provider Name: _____