

UMCH Family Services

431 E Broad Street, Columbus Ohio 43215

Phone 614.885.5020

Fax 614.885.4058

Email wfs_referrals@umchohio.org

Website www.umchohio.org

Intake/Referral Information

Referred Client (Youth's Name): _____ DOB: _____

Contact Name (Parent/Guardian/Caregiver): _____

Address _____ City _____ Zip Code _____

Service Request (check all that apply): Counseling Psychiatry/Medication Evaluation

Type of visit (check all that apply): Telehealth (Video Conferencing)

In Office

If "In Office" do you have a preference of Office Location?

431 E Broad Street Cleveland Ave E Main Street Middletown

School (if we offer service in your school)

Best Way to Contact:

Phone: _____

Email: _____

Is it OK to leave a message or text message? Yes No

How did you hear about UMCH Family Services? _____

Office Use Only:

Program: _____