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| Dear Parent, Guardian and Caregivers:Your primary care provider (PCP) is initiating a consult referral to the University of Florida, Department of Psychiatry, Division of Child & Adolescent Psychiatry, Behavioral Health Hub on behalf of your child. Completion of the attached Bio Psychosocial intake form will provide our team with valuable background information and history to help us provide advice to your child’s primary care provider (PCP) regarding your child’s behavioral health needs. This information will serve as a compliment to the screener(s) that your provider has administered. Your child’s PCP will share our recommendations and advise during an upcoming clinic visit. **Please take the time to complete this form in your provider’s waiting area and return to the front desk staff prior to your departure.**Thank you for taking the time to complete the form and taking an active role in your child’s behavioral health care! |  https://creativeservices.ufhealth.org/files/2013/07/UF-Health-email-signature-logo.png |

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| University of FloridaDepartment of PsychiatryDivision of Child & Adolescent PsychiatryNorth Central FloridaBehavioral Health Hub352-265-2252 |