

# Self-Harm Referral Contacts

Patients Requiring Immediate Evaluation/Admission				
Type of Service	Name of Service/Facility	Phone Number	Contact Person or Dept.	Notes
Nearest Emergency Departments				
Nearest Behavioral Health Facilities				
Patients Requiring Intervention Within the Next Day or Two				
Behavioral Health Care Providers				
Patients Requiring Less Immediate Intervention				
Behavioral Health Care Providers				