



Garry L. Spink Jr., PhD
PO Box 3115
Liverpool, NY 13089
P: 315-691-0900
F: 315-691-9010

Referral Form

Date: _____

Referral Source & Phone Number: _____

Note: You can also attach the patient's most recent note from your office to this referral in lieu of filling out the boxed portion.

Patient's Name: _____ **Date of Birth:** _____

Patient's Phone Number: _____

Diagnosed Medical Conditions: _____

Current Medications: _____

Reason for referral (select all that apply)

Evaluation/Consultation Presurgical Evaluation (e.g., SCS) Psychotherapy

Does this patient have any physical limitations (e.g., no walking) as part of her treatment:

Yes (Please explain below) No

Additional Provider Comments (e.g., any physical limitations, specific questions, etc.):

Please fax this form and any attachments to **315-691-0910**

Please check this box if you need more referral forms sent to you.

Garry L. Spink Jr., PhD · PO Box 3115 Liverpool, NY 13089 · P: 315-691-0900 · F: 315-691-0910