

# REFERRALS

## PRECISION PSYCHIATRY ASSOCIATES

### **\*\*Precision Psychiatry Associates Referral/Clinical Consult Request Form\*\***

Please complete this form to refer a patient to Precision Psychiatry Associates or request a clinical consultation with one of our clinicians. Your detailed information will help us provide the best possible care and support for your patient.

Referral Information (If Applicable):

#### 1. Referring Clinician's Information:

- Name:
- Clinic/Hospital Name (if applicable):
- Contact Phone Number:
- Contact Email:

#### 2. Patient Information:

- Patient's Full Name:
- Date of Birth:
- Gender:
- Contact Phone Number:
- Contact Email:
- Address:

#### 3. Reason for Referral:

- Please provide a brief description of the patient's condition and the reason for the referral.

#### 4. Medical Records and Relevant Documentation:

- Please attach any relevant medical records, diagnostic reports, or additional information that can assist us in the evaluation and care of the patient. (Attach files here)

#### Clinical Consultation Request (If Applicable):

##### 1. Requesting Clinician's Information:

- Name:
- Clinic/Hospital Name (if applicable):
- Contact Phone Number:
- Contact Email:

##### 2. Case Details:

- Please provide a detailed description of the case or clinical question for which you are seeking consultation.

##### 3. Clinical Documentation (if applicable):

- Please attach any relevant clinical documentation, test results, or patient history that can assist in understanding the case. (Attach files here)

By submitting this form, you acknowledge that you are authorized to refer the patient or request a clinical consultation on their behalf. We will review the information provided and contact you promptly to coordinate the referral or consultation process.

Please submit this form via email to [info@precisionpsychiatryassociates.com](mailto:info@precisionpsychiatryassociates.com)

If you have any immediate questions or need assistance, please do not hesitate to contact our referral coordinator at 720 526 2146

Thank you for entrusting Precision Psychiatry Associates with the care of your patient or for considering our clinical consultation services. We value our collaboration with fellow healthcare professionals in delivering the best possible mental health care.