

REFERRAL FORM FOR PSYCHOLOGICAL SERVICES

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**MANDATORY DOCUMENTS TO SEND TO
COMPLETE REFERRAL PROCESS:**

- This completed form along with:
- Pt. demographics & insurance (face sheet)
- Most recent doctor's chart note
- Our New Patient Packet (IF AVAILABLE)

I am referring the following patient:

Name: _____ DOB: _____

Phone Number: (_____) _____

for psychological service as checked below:

CHECK BELOW:

Psychological Clearance for BARIATRIC SURGICAL PROCEDURE

Referring Physician: _____ NPI: _____

Address: _____ Phone: _____

_____ Fax: _____

CONTACT PERSON: _____
(please provide)

EMAIL: _____
(Fax is where reports go to die. Please provide contact email for most effective communication)