Behavioral Health Associates

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A. Lee Solomon, M.D.
Psychiatrist

Jon Cohen, M.D.
Psychiatrist

Morgan Turner, PMHNP-B.C.
Nurse Practitioner

Barbara Woody, PMHNP-B.C.
Nurse Practitioner

Jill Malloy, PMHNP-B.C.
Nurse Practitioner

Mallory Welborn, PMHNP-B.C.
Nurse Practitioner

Zamaria Gains, PMHNP-B.C.
Nurse Practitioner

Marci Bynum Pittman, Ph.D.
Psychologist

Tracy Schultz, Psy.D.
Psychologist

Kathy Scott, L.C.S.W.
Clinical Therapist

Jennifer Gardner Cummins, L.P.C.
Clinical Therapist

Cindy Ensminger, L.M.F.T.
Clinical Therapist

Peggy Solomon, R.N.
Nurse

Tara Watson
Office Manager

New Patient Referral Form

What type of clinician do you need? Medical Doctor (Prescriber) or Therapist

Name of provider you are requesting: ____

Referring Provider: ____

Contact Person: ____

Contact Phone: ________________________________ Fax: _____________________________

Patient Demographics

Name: ____

Contact Person (if patient under 18): ____

DOB: ____________________________________ SSN: ________________________________

Address: ____

Phone: ____________________________________ Cell: _______________________________

Insurance Information

Cardholder Name: ____

Insurance Company: ____

ID Number: ____

Provider Phone number: ____

Chief Complaint (explain)

Depression: ____

Bipolar: ____

Anxiety: ____

Psychosis: ____

Other: ____

Other Relevant Information:

Date Scheduled in our office (I will fax this back to you when the appointment is made)

Date: ___________________ Time: ___________________ Clinician: ___________________