REFERRAL FORM

Referral Date: ____________

VIRTUAL CONSULT MD
Phone: (812) 848-2322
Fax: (812) 727-5469

WE NEED THE FOLLOWING TO SCHEDULE YOUR PATIENT:

- Insurance Information / Cards (Front & Back)
- Recent Progress Notes
- Medication Lists

LOCATION: ☐ EVANSVILLE ☐ TELL CITY ☐ WASHINGTON

SERVICE TYPE: ☐ MED MANAGEMENT ☐ THERAPY

***REFERRING PROVIDERS**: Please fax us this form and include the information below. Encourage your patient to complete the "Patient Intake Form" found online and faxed to our office or they may bring a printed copy to their scheduled appointment. This will assist in helping your patient complete the appointment registration process. Thank you for the opportunity to assist in your patient's care.*

I. Referring Provider Contact Information:

Referring Provider: ______________________ Phone Number: ______________________

Contact Name: ______________________ Fax Number: ______________________

II. Patient Information:

Patient Name: ______________________ DOB: ____/____/______ [mm/dd/yy] Sex: ☐ M ☐ F

Social Security Number: ______ – _____ – _______

Address: ______________________ City: ________________ State: _____ Zip Code: __________

Phone Number: ________________ Mobile Number: ________________

Email Address: ______________________________________

III. Insurance Information:

Primary Insurance Co Name: ______________________ Co-Pay/Deductible: ____________

ID Number: ________________ Group Number: ________________

Subscriber Name: ______________________ DOB: ____/____/______ [mm/dd/yy]

Secondary Insurance Co Name: ______________________ Co-Pay/Deductible: ____________

ID Number: ________________ Group Number: ________________

Subscriber Name: ______________________ DOB: ____/____/______ [mm/dd/yy]

IV. Pharmacy Information:

Name: ______________________ Phone Number: ________________

Address: ______________________ City: ________________ State: _____ Zip Code: __________

V. Other Information:

Any Previous Psychiatric Admissions? ______________________________________

Thank you for your referral, we will notify you of disposition and findings.