

Minor Referral Form

Date: _____

Patient Name: _____ DOB: _____

Mother: _____ Father: _____

Address: _____

Phone (Home): _____ Other: _____

Primary Insurance: _____ Secondary Insurance: _____

Physician/Facility Referring: _____

Reason for referral: _____

Current Medications: _____

Therapy Appointment: _____

Scheduled with Derek Johnson, LMSW *or* Stacey Walsh-Hoobler, LMSW

Medication Management Appointment: _____

Scheduled with Kevin Batterbee, DO *or* Anthony DiLoreto, NP

Therapy ONLY, refer for MEDICATION MANAGEMENT

Medication Management ONLY, refer for THERAPY

Documentation:

- Signed Minor Consent Form
- Connors Parent Questionnaire
- Spence Children Anxiety Scale
- Vanderbilt Parent Assessment Scale

Payment:

- Copay
- Deductible
- Private Pay
- Look up Insurance

New Patient Packet:

- Will Mail
- Fill out Prior to Appointment
- Patient Picked Up
- Faxed
- Email: _____

Status:

Sent
Initial: _____ Date: _____

Medication Management Required? PCP Great Lakes

Please fax current demographics, medication list, most recent progress note & labs