MINDHEALTH
BEHAVIORAL PLLC

Patient Referral Form

Fax completed form and records to (949) 883-0218
Questions: (980) 844-8885 | 311 W 24th St, Charlotte, NC 28206

Referring provider

Referral date | Provider name and credentials | NPI

Practice / organization | Phone | Fax

Contact person | Email (secure)

Patient

Patient name | Date of birth | Phone

Address | Preferred language

Insurance plan | Member ID | Patient aware of referral? (Y/N)

Parent / guardian name (if under 18) | Guardian phone

Reason for referral

Reason for referral and presenting concerns

Current diagnoses (ICD-10 if known) | Current psychiatric medications and doses

Services requested: ☐ Psychiatric evaluation ☐ Medication management ☐ Dementia / memory work-up ☐ Telehealth preferred

Records attached: ☐ Recent notes ☐ Medication list ☐ Labs ☐ Other

Signature

Referring provider signature | Date

Standard referrals are processed within 72 hours. We will contact the patient to schedule and send a visit summary back to your office.
This form is not for emergencies. Patients in crisis should be directed to 988, 911, or the nearest emergency department.
Please send patient information by fax, not regular email.