Referral from PCP to MHP (Information to be provided by Primary Care Provider) Dear Colleague: I am happy to be referring: _____ on ____ for _____ (Patient's Name-Please Print) (Date) (Reason/Diagnosis) Summary:

The patient has the following allergies:
Is on these medications:
And has these significant health problems:
The patient had these recent tests:
Lab tests for the following: CBC Date: Thyroid Studies Date: Results:
Results:
Chem Panel Date:
EKG Date: Results:
Results:
Other:
□ I am NOT willing to help manage mental health medications.