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:

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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: __________

_____ Chem Panel Date: __________

_____ EKG Date: __________

Results: __________

Other: ___________________________________________________________________

□ I am       □ I am NOT willing to help manage mental health medications.