

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:

[illegible]

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:

Date: _____

Results: _____

____ **CBC** Date: _____

Results: _____

____ **Thyroid Studies**

____ **Chem Panel** Date: _____

Results: _____

____ **EKG** Date: _____

Results: _____

Other: _____

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

(Provider Signature)

(Printed Name and Title)

(Phone)

(Fax)

Address: _____