Comprehensive Health Psychology & Testing

Marian Smith, PhD
Licensed Psychologist

New Patient Referral Form

Name of Provider		NPI Number	
Practice Address			
Phone		Fax Number	
Provider Email		Date of Referral	

PLEASE FAX DEMOGRAPHICS, INSURANCE INFORMATION, AND LAST OFFICE VISIT NOTE			
Patient Name		Date of Birth	
Guardian (if under 18)			
Address			
Phone		Insurance Carrier	
Patient Email		Ins ID Number	

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- ☐ **Individual Therapy**
- ☐ **Family Therapy**
- ☐ **Group Therapy**
- ☐ **ADHD Testing**
- ☐ **Dementia Screening**
- ☐ **Diagnostic Clarification**
- ☐ **Yoga/Stress Management**
- ☐ **Wellness/Health Behavior**
- ☐ **Employment Screening**
- ☐ **Bariatric Psych Evaluation**
- ☐ **Pain Procedure Psych Evaluation**
- ☐ **Transplant Psych Evaluation**

Other: _____

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