

*****ALL REQUESTED INFO ON THIS REFERRAL FORM IS REQUIRED IN ORDER FOR PATIENT TO BE SCHEDULED. *****
PLEASE ATTACH THE PATIENT'S DEMOGRAPHICS/FACESHEET AND MOST RECENT OFFICE NOTE.



Lighthouse Psychiatry & Behavioral Health Clinic

8215 Madison Blvd, Suite 150, Madison AL 35758

Office: (256) 325-2500 I Fax: (866) 896-3657

www.lighthousepsychal.com

Patient Referral Form

Please circle which provider you would like to refer to and Fax form to 866-896-3657

*****You will receive a fax confirmation for the appointment within 7 working days*****

***Angela Waldrop, PMHNP-BC**

***Katy Cousart, PMHNP-BC**

***Tiffany Johnson, PMHNP-BC**

***Doris Bell, LICSW**

***Robyn Huckabee, MSW, LICSW**

***Karli Sivak, LMSW**

***Gretchen Shay, LICSW, LCSW, CADC, CCTP**

Patient Name: _____ Social Security#: _____ - _____ - _____ DOB: _____
Phone #: _____ Email: _____

Referring Office Information:

Provider Name: _____ Phone #: _____
Staff Contact Name: _____ Fax #: _____

Please attach pertinent info: Demographics Last Office Visit Recent Labs

Patient Insurance Information:

Primary Insurance: _____ Policy #: _____
Policy Holder: _____ Policy Holder DOB: _____
Relationship to Policy Holder: _____

Secondary Insurance: _____ Policy #: _____
Policy Holder: _____ Policy Holder DOB: _____
Relationship to Policy Holder: _____

Reason for Referral: Medication Management or Individual Therapy (include diagnosis/symptoms)

*****OFFICIAL USE ONLY*****

- Scheduled Appt Date/Time: _____ Provider: _____
- NOT Scheduled CALLED PATIENT ON ____/____/____ and LVM to return our call to schedule.
- OTHER: _____

We are currently unable to accept new or transfer patients requesting treatment with a controlled substance of any kind including any stimulants that treat ADD and ADHD. We will only prescribe non-stimulant medications to our current patients. We can provide you with a list of providers we recommend for you to contact