Provider | Therapist | School | Community Referral Form

Set Point Health | *Jordan T. Young, PMHNP*

IMPORTANT NOTICE:

This form is not intended for full protected health information (PHI). Please limit identifying details to the minimum necessary. Submission of this form does not establish a provider-patient relationship or guarantee acceptance into care. This form may be faxed. Do not include PHI via email.

REFERRAL DETAILS

Date: _____

Urgency:

- ■ **Routine**
- ■ **Priority (2 - 4 weeks)**
- ■ **Urgent (1 – 2 weeks, non-crisis)**

REFERRING PERSON INFORMATION

Name: _____

Credentials: _____

Organization / Practice / School: _____

Phone: _____

Fax: _____

Email: _____

Permission to Contact: ■ Yes ■ No

SET POINT PSYCHIATRY

PATIENT INFORMATION

Patient Initials / First Name: _____

DOB / Age: _____

Parent / Guardian Name: _____

Parent / Guardian Contact: _____

CUSTODY / LEGAL CONSIDERATIONS

■ None

■ Yes (briefly describe): _____

REASON FOR REFERRAL

Summary:

PRIMARY GOAL OF REFERRAL

■ Medication management

■ Diagnostic clarification

■ Therapy

■ Consultation / second opinion

■ Other: _____

SET POINT PSYCHIATRY

CURRENT CONCERNS / SYMPTOMS

■ **Anxiety**

■ **Depression**

■ **ADHD**

■ **Behavioral**

■ **Mood**

■ **Trauma**

■ **School**

■ **Sleep**

■ **Other: _____**

CURRENT DIAGNOSES

CURRENT MEDICATIONS (Name, dose, frequency, response)

Medication adherence concerns: ■ **Yes** ■ **No**

SET POINT PSYCHIATRY

RELEVANT HISTORY (Therapy, psychiatric care, medication trials, hospitalizations, IEP/504)

CURRENT SUPPORTS

Therapist: _____

Primary Care Provider: _____

Other Providers/Services: _____

SAFETY CONCERNS

- ■ None
- ■ Passive SI
- ■ Active SI
- ■ Recent self-harm
- ■ Aggression / safety risk to others
- ■ Other: _____

Is the patient currently safe? ■ Yes ■ No ■ Unsure

If immediate safety concerns, refer to emergency services or crisis resources.

SET POINT PSYCHIATRY

SCHOOL / FUNCTIONING CONCERNS

ADDITIONAL INFORMATION

AWARENESS

Patient/Guardian aware of referral: ■ **Yes** ■ **No**

Aware this is a self-pay practice: ■ **Yes** ■ **No**

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