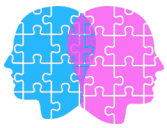

ALCHEMY HEALTHY MINDS AND WELLNESS
445 Western Blvd, Suite G, Jacksonville, NC 28546
Phone: 910.333.1323
Fax: 910.333.1344

MENTAL HEALTH REFERRAL FORM

Date of Referral: _____

Referring Provider Information

Referring Provider Name: _____ Facility/Office Name: _____
Contact Phone #

Patient Demographic Information

Patient Name:_____ DOB:_____

Patient Phone #: _____ Patient Address (with zip code): _____

Sex: ◉ Male ○ Female Military Status: Not applicable Military Dependent: ☐ Yes ☐ No

Primary Care Physician: _____ Clinic/Office Name: _____

Clinical Information

Reason for referral:
Psychiatric Diagnosis (confirmed and/or suspected, including substance abuse): _____
_____
Current symptoms: _____
Current suicidal/homicidal ideations: ☐ No ☐ Yes, please describe _____
Current psychiatric medication(s) (may attach list): _____
_____
Current non-psychiatric medication(s): _____
Relevant Medical Diagnosis: _____
Contributing Social Factors: _____

Past Psychiatric History and Treatment

Former Patient of Alchemy Healthy Minds & Wellness: ☐ Yes ☐ No Details:_____
Current and/or former psychiatric provider/clinic: _____
Reason for not returning: _____
History of Violence: ☐ Yes ☐ No Details:_____
History of Suicide Attempts: ☐ Yes ☐ No Details: _____
History of Psychiatric Hospitalizations: ☐ Yes ☐ No Details: _____
Previous Symptoms and Diagnoses:_____

Additional Information _____
_____

Signature of Referring Provider _____ **Date/Time** _____

Please Fax to 910.333.1344