



EVANSVILLE PSYCHIATRIC ASSOCIATES, LLC
Phone: (812) 422-7974 • www.evansvillepsychiatric.com

We need the following to schedule your patient:
 Demographics Recent progress notes
 Insurance card(s), front and back

OUR NEW FAX # 1-812-671-0627 (Even if we are local for you, you must dial the 1-812)

REFERRING PROVIDERS: Please fax us this form and include the information below. *You may also encourage your patient to register directly with us on-line and fax us the supporting clinical information that will assist in helping you with the patient's treatment. Thank you for the opportunity to assist in your patient's care.*

Referring Provider: _____ Date: _____

Contact Name for further information: _____

Contact Phone number: _____ Contact Fax number: _____

Patient Name: _____ DOB: _____

Address: _____ City/State: _____ Zip: _____

Cell # _____ Home# _____ Work#/ext _____

Patient E-mail: _____ SSN: _____

- Insurance Information / Copies of Cards
- Last 1-3 pertinent progress notes
- Working diagnosis/brief summary: _____

Medication(s) patient taking? _____

Failed Medication(s)? _____

Is this patient seeking disability? _____

Any previous psychiatric admissions/information? _____

History of drug/alcohol abuse: _____

We will contact your patient to schedule with the most appropriate clinician.

Do you wish to refer to a specific clinician? _____

Thank you for your referral, we will notify you of disposition and findings. Call our nurses at ext# 6 for any questions.