



EVANSVILLE PSYCHIATRIC ASSOCIATES, LLC
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Phone: 812-422-7974 Fax: 1-812-671-0627

Provider Referral

Referring Provider: _____ Date: _____

Office Contact Name: _____ Office Location: _____

Office Phone Number: _____ Fax: _____

Patient Name: _____ Date of Birth: _____ Acct #: _____

Any Previous Name(s): _____ SSN: _____

Address: _____

Cell: _____ Home: _____ Work: _____

Patient email: _____

Demographics Insurance Information/Copy of Card 1-3 Last pertinent progress notes

Working Diagnosis/Brief Summary: _____

Notes to the provider:

Medication List: _____

Failed Medication: _____

Previous Psychiatric Admission Date/Documentation: _____

History of Drug and/or Alcohol Abuse: YES NO

Seeking Disability: YES NO

Our office will Contact the Patient for further questions for scheduling.

Evansville Psychiatric thanks you for the referral of your patient. We will notify you of disposition and findings.

If you have questions please call our office at 812-422-7974 ext: 107