



CEDAR OAKS CLINIC PLLC  
PSYCHIATRY & MENTAL WELLNESS

# REFERRAL FORM

## Referral Source Information

Person Making Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

## Patient Referred for: check one or more boxes

- Psychotherapy/Counseling** – Depression, Anxiety, Substance abuse, Insomnia, Behavior Change (smoking cessation, healthy eating, etc.), Personality Disorder, Relationship Issues, Stress Management, etc.
- Same Day Clinic** – For more pressing needs that cannot wait
- Psychiatry** – Medication evaluation and/or management
- Substance Use** – Assessment to determine level of care needed (Outpatient, IOP, PHP, Sub-Acute Detox)

Please explain: \_\_\_\_\_

Acute safety concerns?: \_\_\_\_\_

PHQ-9 Score (if available): \_\_\_\_\_

**Patient's Release Information:** *I authorize this referral source to share this form with Cedar Oaks Clinic PLLC for the purpose of discussing and scheduling my appointment. An additional release of information will be required to discuss treatment.*

\_\_\_\_\_  
**Patient Signature** \_\_\_\_\_  
**Date**

Please check box if patient provided verbal consent.

**Please fax this form to 919-529-5933 or call 919-529-5920. Cedar Oaks Clinic PLLC staff will contact the patient within two business days. Receipt of form does not constitute transfer of care.**

### FOR CEDAR OAKS CLINIC PLLC USE ONLY

Please fax form back to referral source within 72 hours of request

Referral Status: \_\_\_\_\_ Appointment Scheduled Date: \_\_\_\_\_

Clinic: \_\_\_\_\_ Clinician: \_\_\_\_\_

\_\_\_\_\_  
Patient unable/declined (circle) to schedule: \_\_\_\_\_

\_\_\_\_\_  
Not scheduled due to: \_\_\_\_\_

Cedar Oaks Clinic PLLC employee completing this form: \_\_\_\_\_