ORLANDO PSYCHIATRIC ASSOCIATES

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- 2345 Sand Lake Rd, Ste 200, Orlando, FL 32809
- 1551 Boren Dr. Ste. C Ocoee, Fl. 34761
- 102 Park Place Blvd. Ste. D1, Kissimmee, Fl. 34741

MENTAL HEALTH SERVICES REFERRAL LETTER

REFERRAL SOURCE

Office /Facility:_____ Name:_____

Address:_____ Phone No.:_____

_____ Fax No.:_____

_____ Email Address:_____

PATIENT'S CONTACT INFORMATION

Last Name:_____ First Name:_____

Address:_____ Date of Birth:_____

_____ Phone No: _____

_____ Insurance Co:_____

Ins ID No.:_____

REASON FOR REFERRAL: _____

TIME FRAME FOR ASSESSMENT

Urgent ☐ Non-Urgent ☐

PRESENTING COMPLAINT (S): _____

PAST PSYCHIATRIC HISTORY: _____

PAST MEDICAL HISTORY: _____

HISTORY OF DRUG/ALCOHOL MISUSE: _____

MEDICATIONS: _____

ALLERGIES: _____

OTHER RELEVANT INFORMATION: _____