Behavioral Medicine Institute, P.C.

Referral Form – Consult Request

For our most current Referral Form please go to our website **http://www.bmipc.com**

PLEASE COMPLETE ALL INFORMATION

Patient's Name:________________________ DOB: ____________ Primary Phone:______________

Primary Insurance:____________________ Secondary Insurance:______________________

Referral Source:______________________________ Your Fax #: ______________________

Please See Patient At: ☐ BMI Highland Office ☐ BMI Weisgarber Office ☐ No Preference

Nature of Referral:
☐ Pediatric ☐ Adolescent ☐ Adult ☐ Geriatric ☐ Couples ☐ Family

Assessment:
- ☐ Comprehensive Psychological Evaluation
- ☐ Comprehensive ADD/ADHD Evaluation
- ☐ Fitness For Duty Evaluation
- ☐ IME/Second Opinion
- ☐ Opioid/Benzo Medication Risk Assessment
- ☐ Pre-Surgical Psychological Evaluation:
  - ☐ Bariatric ☐ DC Stimulator (SCST) ☐ Transplant
- ☐ Psycho-Educational Assessment

Evidence-Based CBT Treatment:
- ☐ Insomnia/Sleep Disorder
- ☐ Coping w/ Adult ADHD
- ☐ Coping w/ Chronic Pain/Headache/Illness
- ☐ Depression
- ☐ Obsessive-Compulsive Disorder
- ☐ Posttraumatic Stress Disorder
- ☐ Panic/Anxiety/Phobia
- ☐ TF-CBT (Trauma Focused CBT) for youth

Evaluate and Treat:
- ☐ Academic
- ☐ ADD/ADHD
- ☐ Adjustment
- ☐ Adoption
- ☐ Anger Management
- ☐ Anxiety/Phobia
- ☐ Behavior Problems
- ☐ Bipolar Disorder
- ☐ Borderline Personality
- ☐ Cognitive Disorder
- ☐ Couples/Family Issues
- ☐ Depression
- ☐ Eating
- ☐ OCD
- ☐ Panic Disorder
- ☐ Psychotic Disorders
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Self-Harm/Self Mutilation
- ☐ Somatoform Disorder

Other Services:
- ☐ Psychotropic Medication Management
- ☐ Biofeedback
- ☐ DBT Skills Group
- ☐ EMDR
- ☐ Other:______________________

Refer To: ☐ First Available Appropriate Clinician
- ☐ Victor Barr, Ph.D.
- ☐ H. Abraham Brietstein, Ph.D.
- ☐ Debbie Della-Rodolfa, LPC
- ☐ Katie Fitzpatrick, Ph.D.
- ☐ Gregory Foreman, Ph.D.
- ☐ Jerry Fried, LCSW, BCD
- ☐ Rob Gregory, LPC-MHSP, NCC
- ☐ C. Keith Hulse, Ph.D., MSCP, D,ABSM
- ☐ Regina Hummel, Ph.D.
- ☐ Priscilla B. Jenkins, LCSW
- ☐ Rosemary Kitts, LCSW
- ☐ Jacob Levy, Ph.D.
- ☐ Amy R Massaglia, LCSW, DBTC
- ☐ Justin Mynatt, APRN
- ☐ Janis Neece, Ph.D.
- ☐ Dovile Paulauskas, M.D.
- ☐ Elizabeth Penegar, LCSW
- ☐ Teresa Pratt, LCSW
- ☐ Lesley Y Roberts, APRN
- ☐ Edith Shultz, LCSW, CCTP, AMTP
- ☐ Denise M. Stillman, Ph.D.

Please Fax Completed Form To:

(865)588-6406, Attention: Referral Coordinator. Please attach patient face sheet, copies of front and back of patient's insurance cards, and relevant medical records. We will contact the patient to schedule. You may also reach the Referral Coordinator by telephone at (865) 264-2400, Option 1 or via email at inbox@bmipc.com. Please insure that all PHI in emails is encrypted.