



# 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: <input type="checkbox"/> BMI Highland Office <input type="checkbox"/> BMI Weisgarber Office <input type="checkbox"/> No Preference		

Nature of Referral:  Pediatric  Adolescent  Adult  Geriatric  Couples  Family

### Assessment:

- |   |   |
|---|---|
| <input type="checkbox"/> Comprehensive Psychological Evaluation | <input type="checkbox"/> Pre-Surgical Psychological Evaluation:   |
| <input type="checkbox"/> Comprehensive ADD/ADHD Evaluation      | <input type="checkbox"/> Bariatric <input type="checkbox"/> DC Stimulator <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Fitness For Duty Evaluation            | <input type="checkbox"/> (SCST)   |
| <input type="checkbox"/> IME/Second Opinion                     | <input type="checkbox"/> Psycho-Educational Assessment  |

### Evidence-Based CBT Treatment:

- |  |  |
|--|--|
| <input type="checkbox"/> Insomnia/Sleep Disorder                 | <input type="checkbox"/> Obsessive-Compulsive Disorder         |
| <input type="checkbox"/> Coping w/ Adult ADHD                    | <input type="checkbox"/> Posttraumatic Stress Disorder         |
| <input type="checkbox"/> Coping w/ Chronic Pain/Headache/Illness | <input type="checkbox"/> Panic/Anxiety/Phobia                  |
| <input type="checkbox"/> Depression                              | <input type="checkbox"/> TF-CBT (Trauma Focused CBT) for youth |

### Evaluate and Treat:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Academic         | <input type="checkbox"/> Anxiety/Phobia         | <input type="checkbox"/> Couples/Family Issues | <input type="checkbox"/> Psychotic Disorders       |
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Behavior Problems      | <input type="checkbox"/> Depression            | <input type="checkbox"/> PTSD                      |
| <input type="checkbox"/> Adjustment       | <input type="checkbox"/> Bipolar Disorder       | <input type="checkbox"/> Eating                | <input type="checkbox"/> Schizophrenia             |
| <input type="checkbox"/> Adoption         | <input type="checkbox"/> Borderline Personality | <input type="checkbox"/> OCD                   | <input type="checkbox"/> Self-Harm/Self Mutilation |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Cognitive Disorder     | <input type="checkbox"/> Panic Disorder        | <input type="checkbox"/> Somatoform Disorder       |

### Other Services:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Psychotropic Medication Management | <input type="checkbox"/> DBT Skills Group | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Biofeedback                        | <input type="checkbox"/> EMDR             |                                       |

### Refer To: First Available Appropriate Clinician

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Victor Barr, Ph.D.                  | <input type="checkbox"/> Regina Hummel, Ph.D.        | <input type="checkbox"/> Janis Neece, Ph.D.             |
| <input type="checkbox"/> H. Abraham Brietstein, Ph.D.        | <input type="checkbox"/> Priscilla B. Jenkins, LCSW  | <input type="checkbox"/> Dovile Paulauskas, M.D.        |
| <input type="checkbox"/> Debbie Della-Rodolfa, LPC           | <input type="checkbox"/> Rosemary Kitts, LCSW        | <input type="checkbox"/> Teresa Pratt, LCSW             |
| <input type="checkbox"/> Gregory Foreman, Ph.D.              | <input type="checkbox"/> Jacob Levy,                 | <input type="checkbox"/> Edith Shultz, LCSW, CCTP, AMTP |
| <input type="checkbox"/> Jerry Fried, LCSW, BCD              | <input type="checkbox"/> Amy R Massaglia, LCSW, DBTC | <input type="checkbox"/> Denise M. Stillman, Ph.D.      |
| <input type="checkbox"/> C. Keith Hulse, Ph.D., MSCP, D,ABSM |  |   |

### 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](mailto:inbox@bmipc.com). Please insure that all PHI in emails is encrypted.