BEHAVIORAL MEDICINE INSTITUTE

Referral Form/Consult Request

For the most current version of this form, please go to 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 Tyson Place Office ☐ BMI Highland Place Office ☐ No Preference

Nature of Referral: ☐ Pediatric ☐ Adolescent ☐ Adult ☐ Geriatric ☐ Couples ☐ Family ☐ Spanish (Peds only)

Assessment:

- ☐ Comprehensive Psychological Evaluation
- ☐ Comprehensive ADHD Evaluation
- ☐ IME/Second Opinion
- ☐ Psycho-Educational Assessment
- ☐ Opioid/Benzo Medication Risk Assessment
- ☐ Pre-Surgical Psychological Evaluation:
  - ☐ Bariatric ☐ DCS ☐ Transplant
- ☐ Autism Spectrum Disorder Evaluation

CBT/Evidence-Based Treatment Protocols:

- ☐ Insomnia/Sleep Disorder
- ☐ Coping w/ Adult ADHD
- ☐ Coping w/ Chronic Pain/Headache/Illness
- ☐ Depression
- ☐ Obsessive-Compulsive Disorder
- ☐ Posttraumatic Stress Disorder
- ☐ Panic/Anxiety/Phobia
- ☐ Behavioral Parent Coaching (e.g., PCIT)
- ☐ Trauma-Focused CBT (TF-CBT) for Youth

Evaluate and Treat:

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

Specialty Services:

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

Refer To:

☐ **First Available Appropriate Clinician**

☐ **Specific Clinician:** _____

Please Fax Completed Form To:

865-588-6406, Attn: Referral Specialist. 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 specialist by telephone at 865-264-2400, voicemail option 1 or via email at referrals@bmipc.com. Please do not send PHI via email unless encrypted.