**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	Primary Phone:		
Primary Ins	surance:			Se	econdary	Insurance:				
Referral So	ource:				Your Fax	#:				
lease See	Patient At:	BMI Tyson Place Office			BMI Highland Place			Office No Preference		
Nature o	of Referral:	Pediatric	Adolescent	Adult G	eriatric	Couples	Family	Spa	nish Speaker (Pediatric Only)	
Assessm	ent:									
	Comprehensiv	e Psycholo	gical Evaluation		Opioic	l/Benzo Me	dication R	isk As	sessment	
Comprehensive ADHD Evaluation				Pre-Surgical Psychological Evaluation:						
	IME/Second O	oinion				Bariatric	Dorsal (	Colum	n Stimulator Transplant	
	Psycho-Educat	ional Asses	sment		Autisn	n Spectrum	Disorder I	Evalua	ation	
CBT/Evid	lence-Based Tr	eatment P	rotocols:							
	Insomnia/Sleep Disorder				Posttraumatic Stress				order	
Coping w/ Adult ADHD				Panic/Anxiety/Phobia						
Coping w/ Chronic Pain/Headache/Illness				Parent-Child Interact						
	Depression					Trauma-l	Focused Cl	BT (TF	-CBT) for Youth	
	Obsessive-Con	pulsive Dis	sorder							
	and Treat:									
	Academic Issue	25	Anxiety/ Pho			-	Family Issu	Jes	PTSD	
	ADHD		Behavior Issu			Depressi			Psychotic Disorders	
	Adjustment Iss		Bipolar Disor			Eating Di	isorder		Schizophrenia	
	Adoption Issue		Borderline Pe			OCD			Self-Harm/ Self-Mutilation	
	Anger Manage	ment	Cognitive Dis	order		Panic Dis	order		Somatoform Disorder	
	y Services:						_			
Psychotropic Medication Management Biofeedback			DBT Skills Group Other:				MDR			
D ( T										
Refer To			opriate Clinician	lorry Fri	od LCSW			٨٢	ny J. Scott, Psy.D.	
	Regina D. Austin, Ph.D. Victor Barr, Ph.D.			Jerry Fried, LCSW, BCD					ivanna N. Shepherd, Psy.D.	
	Brianne Blevins, Psy.D.			Daniel Mills, Psy.D. Maggie K. Holland, Psy.D.				reta Smith, Ph.D.		
	Diana Brown Taylor, LCSW			C. Keith Hulse, Ph.D., D,ABSM				oril Snell, DNP, PMHNP-BC		
	Brooke Brow								enise M. Stillman, Ph.D.	
	Debbie Della-Rodolfa, LPC			S. Wendy Hundley, LCSW Priscilla B. Jenkins, LCSW				ura Stockdale, MSN, Ph.D.		
	L. Christian Elledge, Ph.D.			Rosemary Kitts, LCSW				Edith Shultz, LCSW, CCTP, AMT		
	Heather L. Fi	<b>U</b>			evy, Ph.D.				nristopher D. Watkins, Ph.D.	
	Brittney Frak		MHNP		aulauska				r	
	Greg Forema				Pratt, LCS	•				

**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 <u>referrals@bmipc.com</u>. Please do not send PHI via email unless encrypted.