

TRANSMISSION VERIFICATION REPORT

TIME : 02/11/2020 11:03
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	02/11 11:00
FAX NO./NAME	92705503
DURATION	00:02:37
PAGE(S)	06
RESULT	OK
MODE	STANDARD

RIVER REGION

PSYCHIATRY

MENTAL HEALTH SERVICE REFERRAL FORM

STEP ONE – Referring Office	From: (Office Name) AUM Student Health		FAX TO: River Region Psychiatry, LLC Schedule Coordinator 334-270-5503 (f)		DATE: # Pages Sent: 6
	Office Contact & Phone Number: M. Harvey, CRNP (334) 244-3281				
	Office FAX: (334) 244-3396				
<i>Office: Please complete this section:</i>					
Patient Name: Anthony Hurdle DOB: 1/18/90 ☒ Male ☐ Female					
Referral To: ☒ Adult Psychiatrist (Dr. Ram) ☐ Child/Adolescent Psychiatrist (Dr. Saini) ☐ Psychologist ☐ Therapist					
Referral For: ☐ Therapy Only (No Meds Needed) ☐ One Time Evaluation for: _____ ☒ Evaluation and Management of: Anxiety, depression, gender dysphoria					
Referral Priority: ☐ Low ☒ Moderate ☐ Critical / High					
<u>PLEASE FAX THE FOLLOWING WITH THIS REFERRAL TO RRP</u>					
☒ Patient's 'Face Sheet' & Demographics ☒ Copy of Insurance Card(s)					
☒ Physician's Office Note Regarding Referral ☒ Insurance Referral Form (if applicable)					
FOR RIVER REGION PSYCHIATRY OFFICE STAFF ONLY:					
STEP TWO – RRP	Office Assistant I: Call Referring Office & confirm receipt of FAX: Name of person at office: _____ Date: _____ Time: _____ Initial: _____				
	Schedule Coordinator: Set up appointment & confirm New Patient Information ☐ Appointment Information (Also enter in to CareCloud) Day _____ Date _____ at _____ ☐ am ☐ pm ☐ The appointment will be with: _____ ☐ FAX Referral Form to Referring Office Date: _____ Time: _____ Initial: _____ ☐ Upload entire Referral Packet to CareCloud				
STEP THREE RRP	Office Assistant II: Check CareCloud on appointment date, check the appropriate box below and Fax Appointment Status to the Referring Office ☐ Appointment Attended - Visit Note Attached ☐ Appointment Cancelled – Rescheduled for _____ ☐ No Show / Cancelled without Rescheduling				
	Thank you for the Referral!				
	DATE:	FROM	River Region Psychiatry, LLC 7085 Sydney Curve Montgomery, AL 36117 334-270-5502 (o) 334-270-5503 (f)	TO	Office Name: Office Contact: Office FAX:
This fax is intended only for the use of the individual or an entity named above and contains information that is privileged and confidential. Unauthorized re-disclosure of a failure to maintain the confidentiality of the information contained herein could subject you to penalties under state and federal law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. Thank you.					

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
334-244-3281

Patient Demographics

Name: HURDLE, ANTHONY
Address: 2269 EASTERN BLVD, APT 102B
MONTGOMERY, AL 36117
Pri Phy:

Chart No.: 1121
DOB: 01/18/1990
SSN:
Gender:

Contact Information

Home Phone: 334-306-2427
Mobile Phone:
Mobile Phone 2:
Personal Email: hurdle.anthony156@gmail.com
Work Email:

Work Phone:
Other Phone:

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 01/27/20

PATIENT: HURDLE, ANTHONY **DOB:** 01/18/1990 **Gender:** **MRN:** 1121 **AGE:** 30 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Pt here to follow-up with CRNP.

Symptoms: Patient reports that she has not started fluoxetine OR buspar yet due to continued alcohol consumption.

Patient reports that her anxiety is better. Thinks that she was going through a rough time in his life.

Patient reports that she is sleeping fair.

Denies going to counseling.

Other: Denies thoughts of suicide OR homicide.

COMPLAINT 2: Skin problems

Symptoms: Patient reports dry skin and bumps on her face from shaving. She reports bumps that are itchy and the skin becomes dark. Requests a referral to dermatology.

COMPLAINT 3: Referral to Endocrinology

Symptoms: Patient reports that she is ready to start the transition from male to female and requests referral to endocrinology.

VITALS: BP: 144/87 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 84; **Ht:** 71 in.; **Wt:** 190 lbs.; **BMI:** 26.49

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

buspirone 5 mg tablet (TAKE 1 TABLET (5 MG) BY ORAL ROUTE DAILY)

fluoxetine 20 mg capsule (TAKE 1 CAPSULE (20 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING)

ranitidine 150 mg tablet (TAKE 1 TABLET (150 MG) BY ORAL ROUTE 2 TIMES PER DAY AS NEEDED)

trazodone 50 mg tablet (TAKE 1/2-1 TABLET (25-50 MG) BY ORAL ROUTE ONCE DAILY AT BEDTIME)

PAST MEDICAL HISTORY: Anxiety;

PAST SURGICAL HISTORY: Knee Surgery--left--2012

SOCIAL HISTORY: Exercises regularly; Does not live alone; Single; Does not use recreational drugs; Does smoke For _5_ years. Cigars--2 per day Consumes alcohol. Frequency: daily. Type:wine; Sexual orientation--Gay; Gender fluent; prefers, she/her/hers/OR he; Sexually active with 1 male partner in the last year

FAMILY HISTORY: Mother with history of: anxiety, depression, sarcoidosis; Father with history of: High Cholesterol; High Blood Pressure; diabetes; Sister with history of: HTN; Maternal Grandmother with history of: HTN; Paternal Grandmother with history of: HTN

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

HEENT: Normocephalic; Conjunctiva Clear; Sclera White;

DERMATOLOGIC: Skin Temperature: Warm Dry; mildly dry skin noted to bilateral arms; mild folliculitis noted to face and chin

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 01/27/20

PATIENT: HURDLE, ANTHONY **DOB:** 01/18/1990 **Gender:** **MRN:** 1121 **AGE:** 30 Years

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
TSH W/REFLEX T4, FREE (QUEST) (1 unit(s)): Quest Diagnostics
VITAMIN D 25 - HYDROXY, TOTAL (QUEST) (1 unit(s)): Quest Diagnostics

ASSESSMENT:

F64.0 - TRANSSEXUALISM (PRIMARY)
F41.9 - ANXIETY DISORDER, UNSPECIFIED
F33.1 - MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
L73.9 - FOLLICULAR DISORDER, UNSPECIFIED

PLAN:

hydrocortisone 2.5 % topical ointment
Refills: 1 Qty: 30 GRAM(S)
Instructions: APPLY A THIN LAYER TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 2 TIMES PER DAY

mupirocin 2 % topical ointment
Refills: 0 Qty: 22 GRAM(S)
Instructions: APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY

Start fluoxetine and buspar as prescribed.

Avoid/discontinue alcohol consumption.

Referral to RRP—to assist with anxiety and depression related to gender transition.

Referral to Endocrinology

Referral to Dermatology

CBC with diff, CMP, TSH with reflex, Vitamin D

Will notify patient of any abnormal lab results.

RTC 2 weeks for recheck

Electronically signed by Melodye Harvey, CRNP on 01/27/20 4:26 PM



BlueShield Blue Options

Subscriber Name: VITONY HURBLE
Subscriber ID: QCM17478861
COMPASS GROUP
Group No: 008862
Date Issued: 07/07/20

In-Network Member Responsibility:
Coinsurance 40%
Deductible \$3,000
Preventive \$0

Blue®





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BlueShield**

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ensuring that prior review
decision is obtained. Participating
providers are responsible for
being prior review submission.
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of BlueCross and BlueShield
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Provider Network: 1-800-818-5333
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