



AUBURN

MONTGOMERY®

REFERRAL

DATE: February 14, 2020

REFERRING PROVIDER: Dr. Melody M. Harvey, CRNP

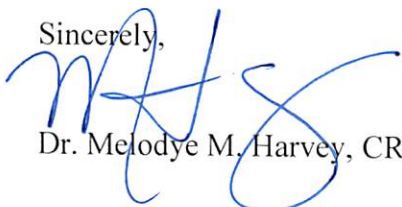
REFERRAL TO: River Region Psychiatry- Dr. Vemuluri and Dr. Saini

FOR PATIENT: Anthony Hurdle (DOB—1/18/90)—Referral is for insurance purposes

Problem Description:

Mr. Hurdle is an AUM employee who presented to the AUM Student Health Center on 12/13/19 with the chief complaint of anxiety and depression related to transsexualism and desire to transition from male to female. He completed mental health assessments as follows: HAM-A Score: 39; PHQ-9 score 16; Mood assessment—negative screen. Mr. Hurdle was prescribed fluoxetine 20 mg po daily and instructed to follow up in 5 days. At his follow up appointments on 12/18/19 & 1/27/2020, the patient denied taking the medication prescribed but stated that he was drinking alcohol daily. He asked if he could take fluoxetine with alcohol. Mr. Hurdle reported that he was having anxiety and struggling with the desire to start his gender transition. He reported a preference to the pronouns of she/her/hers. Mr. Hurdle may benefit from further evaluation and treatment by your office of his mental health problems and gender identity related to transsexualism. Insurance may require a referral to your office for this patient. If you have any further questions about this patient, please feel free to contact me. Thanks for your collaboration in order to meet this patient's needs.

Sincerely,



Dr. Melody M. Harvey, CRNP

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-3281; 334-244-3396

www.aum.edu

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:

TRANSMISSION VERIFICATION REPORT

TIME : 02/14/2020 15:32
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	02/14 15:31
FAX NO./NAME	92705503
DURATION	00:01:12
PAGE(S)	03
RESULT	OK
MODE	STANDARD

P.O. Box 244023
Montgomery, AL 36124
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Fax: 334-244-3396



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

To: River Region Psychiatry From: M Harvey, CRNP
Fax: 270 5503 Pages: 3
Phone: 270 5502 Date 2/14/2020
Re: A. Hurdle 1/18/90 cc:
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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2/14/2020
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Handwritten notes, possibly bleed-through from the reverse side of the page. The text is faint and difficult to decipher but appears to include phrases like "The design is..." and "The..."

FAKED