

. 02/11/2020 11:00

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AUM

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To: 13342443396

From: Katrina Murry

6-28-18 12:56pm p. 2 of 2

RIVER REGION

PSYCHIATRY

MENTAL HEALTH SERVICE REFERRAL FORM

From: (Office Name) AUM Student Health Office Contact & Phone Number: M. Harvey, CRNP (334) 244-3281 Office FAX: (334) 244-3396 <i>Office: Please complete this section.</i>	FAX TO: River Region Psychiatry, LLC Schedule Coordinator 334-270-5503 (T)	DATE: # Pages Sent: 6
Patient Name: <u>Anthony Hurdle</u> DOB: <u>1/18/90</u> ☒ 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: <u>Anxiety, depression, gender dysphoria</u> 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		
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 <u>5/8</u> at <u>9:15</u> ☒ am ☐ pm ☐ The appointment will be with: <u>Dr. Tank</u> ☐ FAX Referral Form to Referring Office Date: _____ Time: _____ Initial: _____ ☐ Upload entire Referral Packet to CareCloud		
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 (T)	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.		

Fax

Date: 5/5/2020

To: 3342443396

From: Kristy Savage

Subject: Anthony Hurdle

Anthony Hurdle

Kristy Savage

Practice Manager

500 Shae Park

Montgomery, AL 36117

P: 334-270-5502

Email: kristy@riverregionpsychiatry.com