



BEHAVIORAL MEDICINE INSTITUTE, P.C.

REFERRAL FORM - CONSULT REQUEST

For the most current version of this form, please see: 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:	<input type="checkbox"/> BMI Highland Office	<input type="checkbox"/> BMI Weisgarber Office	<input type="checkbox"/> No Preference

Nature of Referral: Pediatric Adolescent Adult Geriatric Couples Family

Assessment:

- | | |
|---|--|
| <input type="checkbox"/> Comprehensive Psychological Evaluation | <input type="checkbox"/> Opioid/Benzo Medication Risk Assessment |
| <input type="checkbox"/> Comprehensive ADD/ADHD Evaluation | <input type="checkbox"/> Pre-Surgical Psychological Evaluation: |
| <input type="checkbox"/> IME/Second Opinion | <input type="checkbox"/> Bariatric <input type="checkbox"/> Dorsal Column Stimulator <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Psycho-Educational Assessment | |

Evidence-Based CBT Treatment Protocols:

- | | |
|--|--|
| <input type="checkbox"/> Insomnia/Sleep Disorder | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Coping w/Adult ADHD | <input type="checkbox"/> Posttraumatic Stress Disorder |
| <input type="checkbox"/> Coping w/ Chronic Pain/Headache/Illness | <input type="checkbox"/> Panic/Anxiety/Phobia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Trauma-Focused CBT (TF-CBT) for youth |

Evaluate and Treat:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Anxiety/ Phobia | <input type="checkbox"/> Couples/Family Issues | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Depression | <input type="checkbox"/> Psychotic Disorders |
| <input type="checkbox"/> Adjustment | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Eating | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Borderline Personality | <input type="checkbox"/> OCD | <input type="checkbox"/> Self-Harm/ Self-Mutilation |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Cognitive Disorder | <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Somatoform Disorder |

Other Services:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Psychotropic Medication Management | <input type="checkbox"/> DBT Skills Group | <input type="checkbox"/> EMDR |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Other: _____ | |

Refer To: First Available Appropriate Clinician

- | | | |
|---|--|---|
| <input type="checkbox"/> Victor Barr, Ph.D. | <input type="checkbox"/> Maggie K. Holland, Psy.D. | <input type="checkbox"/> Teresa Pratt, LCSW |
| <input type="checkbox"/> Brianna J. Blevins, Psy.D. | <input type="checkbox"/> C. Keith Hulse, Ph.D., D,ABSM | <input type="checkbox"/> Amy J. Scott, Psy.D. |
| <input type="checkbox"/> H. Abraham Brietstein, Ph.D. | <input type="checkbox"/> S. Wendy Hundley, LCSW | <input type="checkbox"/> Chenoa Shenandoah, MSN,APRN |
| <input type="checkbox"/> Diana Brown-Taylor, LCSW | <input type="checkbox"/> Priscilla B. Jenkins, LCSW | <input type="checkbox"/> Savanna N. Shepherd, Psy.D. |
| <input type="checkbox"/> Debbie Della-Rodolfa, LPC | <input type="checkbox"/> Ted Jones, Ph.D. | <input type="checkbox"/> Denise M. Stillman, Ph.D. |
| <input type="checkbox"/> Robert L. Devereaux, Ph.D. | <input type="checkbox"/> Rosemary Kitts, LCSW | <input type="checkbox"/> Laura Stockdale, MSN, Ph.D. |
| <input type="checkbox"/> L. Christian Elledge, Ph.D. | <input type="checkbox"/> Jacob Levy, Ph.D. | <input type="checkbox"/> Edith Shultz, LCSW, CCTP, AMTP |
| <input type="checkbox"/> Greg Foreman, Ph.D. | <input type="checkbox"/> Janis Neece, Ph.D. | <input type="checkbox"/> Christopher D. Watkins, Ph.D. |
| <input type="checkbox"/> Jerry Fried, LCSW, BCD | <input type="checkbox"/> Dovile Paulauskas, M.D. | |

Please Fax Completed Form To:

(865) 588-6406, Attention: 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.