

WaKeeney Family Care Center – Behavioral Health Referral

333 N 14th – WaKeeney, KS 67672

Ph: 785-743-2124 Fax: 785-261-9606

Patient name: _____ DOB: _____

If the client is a minor, parent/guardian(s) name(s): _____

Referral Site: _____ Provider name: _____

Phone: _____ Fax: _____ Staff Contact: _____

Reason for referral (please include formal diagnosis & brief description of symptoms):

1. Are you requesting appointment confirmation &/or records from this referral? YES NO

**Please note, client must provide signed consent prior to any record release.*

2. Is this patient being terminated from your facility for non-compliance? YES NO

3. Are you asking this office to assume management of any current psych meds? YES NO

**This office will not alter or refill medications ordered by an outside provider without prior approval.*

4. Is this client pregnant or breast feeding? YES NO

Please include copies of the following:

- Legible demographic & insurance information
- Current medication list
- Last 3 progress notes pertaining to this issue
- Past medical history including allergies, surgical, & medical health conditions.
- List of all previously attempted psych meds & reactions, if known.
- CBC, CMP, TSH, & lipid drawn within 12 months of referral.
Include drug specific levels, vitamin B12 or D levels, UA, & A1c if applicable/available.
- **ALL** drug screen results collected in the last 12 months.
- If available, most recent brain imaging, EEG, or EKG w/ interp. Please include 1 prior study if current result is abnormal.
- Any psychological testing (MMPI, TOVA, IVA-2, Autism spectrum, IQ, Rorschach etc.)
- Any inpatient notes from psych admission or substance treatment programs.
- Other pertinent information (arrest records, custodial or guardianship documents, emergency room visits, safety plans, IEPs, grade cards, etc.).

Once records are received, our office will contact the patient to schedule. **You will not receive appt confirmation or records unless your patient has signed the appropriate release.** Please encourage patients to return completed new patient paperwork **PRIOR** to their appointment.