

## AHARRT Provider Referral Form for Telemedicine Psychiatric Evaluation

### Referring Provider Information:

1. Name
2. Agency
3. Agency Address
4. Therapy provided (check one): ENCOMPASS CBT or Functional Family
5. Therapist Phone Number
6. Requesting Telemedicine site (check one): St. Claire Hospital in Morehead or North Fork Valley Community Health Center in Hazard

### Patient Information:

1. Patient Name
2. Patient Insurance
3. Patient/Caregiver Contact Information for Scheduling
  - a. Phone number
  - b. Address

### Clinical Information:

1. Please provide a brief description of the patient's current diagnoses, substance use history and clinical treatment course.

2. Please provide information regarding your recommendation for a psychiatric evaluation by telemedicine for this patient including concerns for co-morbid psychiatric diagnosis or request for medication management.

3. Has this patient been evaluated by a psychiatrist in their community previously and what was the treatment outcome?

4. Have you discussed this recommendation for telemedicine evaluation with the patient and their family?