



Texas Tech Physicians of Lubbock Psychiatry Outpatient Clinic Referral

Patient Name:	Referral Date:
Patient DOB:	Patient Phone #:
Referring Provider:	Provider Ph. # Fax #:
Insurance name and address <i>(Please attach insurance card front and back)</i> :	

Note:
 Due to the shortage of mental health providers, we have designed a clinic with an outpatient consultative model. Patient who meet the referral criteria for our clinic will be scheduled for an appointment based on the review of the referral materials provided to our clinic. The patient will be followed in our consultation clinic until symptoms are better controlled. At that time, the patient will be discharged from the consultation clinic to be followed for continued medication monitoring by their PCP or other specialist. You may call or re-consult our clinic any time there is a need.

- Upon stabilization of the patient’s psychiatric conditions, and when he/she becomes ready for discharge from our consultation clinic, would you follow the patient to provide him/her with the recommended treatment?
 YES **NO** if you select NO, please provide reason/reasons:

Reason for Psychiatric Evaluation(What was the patient told about the referral?)

Please estimate allowable wait time (We do not provide emergency care):

- Can wait 8 weeks or more
- Should be seen in 4 to 8 weeks (We will attempt but cannot guarantee an appointment)

What therapy interventions have been attempted?

- None
- Individual / Family Therapy (please provide the therapist’s name)
- Psychotropic Medications trials in the past (Please specify):
- Psychiatric Inpatient / Residential Care

Are they on any of the following or any other medications? Please list any current psychiatric medications and dosages.

- Opioid medications
- Benzodiazepine medications
- Stimulant medications
- Barbiturates
- Z drugs (non- benzodiazepine hypnotics)
- Phentermine
- Other: _____

Please specify if the patient is currently suffering significant medical and/or neurological problems:

Race/Ethnicity/Preferred Language:

OTHER PERTINENT INFORMATION:

For the clinic use only:
 The patient is accepted; please schedule an appointment within 2- 4 weeks 4-8 weeks 8-12 weeks 12-24 weeks.
 The patient may see by (Resident/ Mid-level trainee).
 The patient does not meet current criteria to be seen in our clinic for the following reason(s):

