



## Psychiatric Medication Referral

CONFIDENTIAL PATIENT INFORMATION: "See California Welfare and Institutions Code Section 5328.

*The primary care physician (PCP) is usually the initial contact to request medications for your client. Please consult with your client's PCP as the first step in a medication request. If your client's PCP is unable to provide medication, please complete the following referral form and return it to ACCESS by postal mail or by fax below.*

**Date of Request:** \_\_\_\_\_ **Mental Health #:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Provider Telephone:** \_\_\_\_\_

### DIAGNOSTIC IMPRESSIONS

DSM5 \_\_\_\_\_

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**Name of PCP:** \_\_\_\_\_ **PCP Office Phone:** \_\_\_\_\_

**Reason PCP is unavailable to provide medication:**

**Medication History** (name of medication, dose, frequency & prescribing MD):

**Mental Health Hospitalization History** (reason, duration, location, date):

**Please list your specific concerns and/or questions for the provider to address, including a brief history of treatment** (reason for medication evaluation, change in medication, or consultation with PCP):

**Provider Signature & License #** \_\_\_\_\_ **Date** \_\_\_\_\_