



**Bio Family Clinic, LLC**

Tel: (928) 342-6500

Fax: (928) 782-1386

[www.bioclinic.info](http://www.bioclinic.info)

## PSYCHIATRIC MENTAL HEALTH REFERRAL FORM

Referred to: *Elena Dobson, PMHNP-BC*

Reason for referral:  Consult

\_\_\_\_\_

Choose Location:  11611 S. Foothills Blvd., Ste. G, Yuma, AZ 85367 T (928) 247-9616 • F (928) 782-1386

2503 S. Avenue A, Ste. 2, Yuma, AZ 85364 T (928) 783-0092 • F (928) 782-1386

**FROM:**

Referring Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person at your office: \_\_\_\_\_

**PATIENT INFO:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

**PLEASE FAX COMPLETED FORM TO (928) 782-1386**