



Client Referral Form

Please send via fax to (503)334-1617 or secure email to assist@neustartpsychiatry.com

Referral Type (check all that apply):

Transcranial Magnetic Stimulation (TMS) Medication Management
 Psychological Testing Unsure Other:

Location (Psychological testing ONLY available in Portland):

Salem, Oregon Portland, Oregon Bend, Oregon

Telehealth (TMS and Psychological Testing available in-person ONLY):

In-Person Preferred Telehealth Preferred

Note: A client may need to see a provider in-person based on individual treatment plans and circumstances, regardless of preference.

Referring Provider Information:

Referring Organization Name:		
Referring Provider Name:		Specialty:
Office Phone:	Clinical Confirmation Email:	

Client Demographics (can send Client Face Sheet In lieu of this section):

Client First Name:	Middle:	Last:
Date of Birth:	Gender:	
Contact Phone:	Contact Email:	
Address:		
Address Line 2:		
City, State, Zip Code:		

Insurance Information:

Insurance Self-Pay

If TMS, the client interested in self-pay if insurance does not approve the treatment Yes No

Primary Insurance Company:		
Primary Insured:		
Patient Relationship to Primary Insured:		
Subscriber ID:	Group No:	
Secondary Insurance Company, if applicable:		
Subscriber ID:	Group No:	

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Clinical Information:

Diagnosis (list confirmed if known, if not list suspected)

Primary Psychiatric Diagnosis:
Secondary Psychiatric Diagnoses:
Relevant Medical Diagnoses:
Relevant Social Factors:

Current Psychiatric Treatment and History

Current Symptoms:
Current suicidal/homicidal thoughts? No Yes, details:
Does client have a current mental health provider? No Yes
If Yes, provider(s) information:
Additional Information:

Signature of Referral Source: _____

Date: _____

Please Attach the Following Documentation as Available:

- Current Medication List
- Psychiatric Medication History (Dates, Doses, Reasons for Discontinuation)
- Recent PHQ-9/GAD-7/other recent psychiatric scale
- Most Recent Clinical Note

Please be aware that many insurance carriers and county mental health organizations limit the panel of providers authorized to treat their members. After we receive the referral information, we will review clinical and insurance information and offer an appointment if appropriate.

If there are any questions, contact us at (503) 379 -1902 to reach our intake team.

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