Victory Village
Mental Health & Wellness

PATIENT REFERRAL FORM

Partnering for Better Mental Health.
Thank you for trusting us with your patient's care.

CONFIDENTIAL | Please fax or email this form securely.

1. REFERRING PROVIDER INFORMATION

Practice / Organization Name: _____

Provider Name: _____

Title / Credentials: _____

Phone: _____ **Fax:** _____

Email: _____

Preferred Method of Contact: ☐ Phone ☐ Fax ☐ Email

2. PATIENT INFORMATION

Patient Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email (if available): _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

Best time to reach patient: _____

3. REASON FOR REFERRAL

Primary reason for referral (check all that apply):

- ☐ Depression
- ☐ Anxiety
- ☐ ADHD
- ☐ Bipolar Disorder
- ☐ PTSD
- ☐ OCD
- ☐ Psychosis / Schizophrenia
- ☐ Substance Use Disorder
- ☐ Medication Management
- ☐ Psychiatric Evaluation
- ☐ Mood Disorder
- ☐ Behavioral Concerns
- ☐ Sleep Disorder
- ☐ Other _____

Brief description / clinical notes:

4. CURRENT MEDICATIONS

List current psychiatric medications (include dose if known):

_____

_____

_____

_____

_____

_____

_____

_____

5. ATTACHMENTS INCLUDED

Please check any documents you are including with this referral:

- ☐ Medication List
- ☐ Recent Office Note
- ☐ Psychiatric Evaluation
- ☐ Lab Results
- ☐ Treatment Plan
- ☐ Other: _____

Please fax or email all relevant supporting documents securely.

6. URGENCY

How soon does this patient need to be seen?

- ☐ Routine (Next available appointment)
- ☐ Soon (Within 2 weeks)
- ☐ Urgent (Within 72 hours)
- ☐ Other: _____

7. CONSENT & AUTHORIZATION

☐ **I confirm that I have obtained the patient's consent to refer them to Victory Village Mental Health & Wellness and to allow the exchange of relevant information necessary for their treatment.**

_____ _____

Referring Provider Signature Date (MM/DD/YYYY)

Thank you!

We appreciate your partnership in supporting your patients' mental health and well-being.

SUBMISSION OPTIONS

FAX
302-772-6827
Secure Fax (Preferred)

EMAIL
info@victoryvillagemhw.com
Secure Email (Preferred)

PHONE
(302) 496-5702
Call with any questions