

# Psychiatry Evaluation and Medication Management Referral Form

## Sherman Counseling

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[www.shermanconsulting.net](http://www.shermanconsulting.net)  
Phone: 920.939.6300  
Fax: 844.364.6240

To be completed by: Therapist, Primary Care or OB/GYN Clinician

Referring Clinician or Therapist: \_\_\_\_\_

Referrer's contact number: \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient phone number(s): \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Patient's Primary Care Provider: \_\_\_\_\_

Patient's most recent prescriber of psychiatric medications: \_\_\_\_\_

Current psychiatric medications, if any: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Requested Provider: \_\_\_ Tasha Farrar MD \_\_\_ Joelle Fellingner, APNP \_\_\_ Either

Please fax the following to (844) 364-6240:

1. This form
2. Relevant medical records if available. A medication list and medical problem list are appreciated
3. A signed Release of Information (ROI) for you, the referrer. This is not necessary for Sherman internal referrals\*
4. An ROI for the patient's primary care provider (PCP) and/or most recent psychiatric prescriber\*

This referral will be reviewed by one of our providers. Please be aware that should the patient's needs be better met by services elsewhere, you will be notified. Our exclusion criteria is available on the Sherman website.

Please feel free to contact us with any questions. Thank you for your referral.

\* ROI's are not legally required per HIPPA harmonization rules, but many organizations still request them prior to sharing medical records. Obtaining the ROI helps us expedite the process.