

Referral Form/Consult Request

For the most current version of this form, please go to www.bmipc.com

Please Complete All Information

Patient's Name:	DOB: Primary Phone:
Primary Insurance:	Secondary Insurance:
Referral Source:	_ Your Fax #:
Please See Patient At: BMI Tyson Place Office	
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Nature of Referral: ☐ Pediatric ☐ Adolescent ☐ Adult ☐ Geriatric ☐ Couples ☐ Family ☐ Spanish (Peds only)	
Psychopharmacology and Specialty Services:	
 Psychopharmacology Consult 	☐ Biofeedback ☐ EMDR
 Psychotropic Medication Management 	□ Other:
Assessment:	
☐ Comprehensive Psychological Evaluation	☐ Opioid/Benzo Medication Risk Assessment
 Comprehensive ADHD Evaluation 	Pre-Surgical Psychological Evaluation:
☐ IME/Second Opinion	☐ Bariatric ☐ DCS ☐ Transplant
 Psycho-Educational Assessment 	 Autism Spectrum Disorder Evaluation
CBT/Evidence-Based Treatment Protocols:	
☐ Insomnia/Sleep Disorder	□ Posttraumatic Stress Disorder
☐ Coping w/ Adult ADHD	☐ Panic/Anxiety/Phobia
☐ Coping w/ Chronic Pain/Headache/Illness	☐ Behavioral Parent Coaching (e.g., PCIT)
Depression	☐ Trauma-Focused CBT (TF-CBT) for Youth
 Obsessive-Compulsive Disorder 	
Evaluate and Treat:	
☐ Academic Issues ☐ Anxiety/ Phobia	☐ Family Issues ☐ PTSD
□ ADHD □ Behavior Issues	☐ Depression ☐ Psychotic Disorders
☐ Adjustment Issues ☐ Bipolar Disorder	□ Eating Disorder □ Schizophrenia
☐ Adoption Issues ☐ Borderline Person	nality OCD Self-Harm/ Self-Mutilation
☐ Anger Management ☐ Cognitive Disorder	er 🗆 Panic Disorder 🗆 Somatoform Disorder
Refer To:	
□ First Available Appropriate Clinician	
☐ Specific Clinician:	

Please Fax Completed Form To:

865-588-6406, Attn: Referral Coordinator. Please attach patient face sheet, copies of front and back of patient's insurance cards, and relevant medical records. We will contact the patient to schedule. You may also reach the referral coordinator by telephone at 865-264-2400, voicemail option 1 or via email at referrals@bmipc.com. Please do not send PHI via email unless encrypted.