O Box 321384
owood, MS 39232

601-573-4659
769-572-5019

Touching Hands Healing Hearts, PLLC

Dr. Michelé Gains

Fax: (769) 572-5019

Office (601) 574-0358

Referral Form [Provider]

Physician Referring:

Name: ______________________ NPI: ______________________

Address: ______________________ Fax: ______________________

Email: ______________________ Office: ______________________

□Immediate □ Urgent □ Next Available

Patient Information

Name: ______________________ D.O.B ________ Age ___ Gender _____

Parent or Guardian Name

If under 18: ______________________ Verified Contact Number: ______________________

Address: ____

*Patient's Insurance: ____

____

*** Is this patient currently in Crisis □ Yes □No**

Clinical Information:

Reason for Referral:

□ Consultation Only □ Evaluation & Treatment □Second Opinion

□ Chronic Illness Adjustment □Behavior Issue □Academic Problems □Counseling □ Adolescent Issue

□ Other ______________________

Relevant Information:

____

____

____

____

____

Current Medications ______________________________

Prior Medications ______________________________

Previous Testing ______________________________

Results of tests ______________________________

ADDITIONAL INFORMATION:

____
____
____
____
____

With this form please fax most recent labs, relevant clinical notes and copy of insurance information to 769.572.5019.

Thank you for the referral.

OFFICE USE ONLY: CHECK UPON COMPLETION

INSURANCE: VERIFIED __

SUMMATION TO PCP MAILED ____________

APPOINTMENT SCHEDULED: __/__/__

PATIENT KEPT APPT: □

PATIENT DID NOT KEEP APPT: □ PATIENT RESCHEDULE □YES □NO

REFERRING PCP NOTIFIED □ YES □NO