School of Medicine

Department of Psychiatry

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OHSU CHILD AND ADOLESCENT PSYCHIATRY

PRIMARY CARE REFERRAL FORM

Thank you for choosing Child and Adolescent Psychiatry at OHSU. We offer consultative services to Families and their Primary Care Team. If ongoing specialty care is needed, our staff will work with your office to locate appropriate resources.

In order for your family to obtain the most benefit from his/her consultation visit, please provide the following documentation:

1) Completed referral form

2) Progress Notes

3) Relevant labs or imaging report.

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 referral information, we will review clinical and insurance information and offer an intake appointment if appropriate.

Please fax the completed referral form and documentation to 503 418-5774.

If there are any questions please contact 503 494-6176 and ask for the new patient coordinator.

Please complete ALL sections and fax with chart notes to 503 418-5774 (existing documents that cover this information are also acceptable)

1. **PCP Name (required for all consultation requests):**

   Referral coordinator / contact person:

   Phone:

   Fax:

2. **Referring Provider (if not PCP):** **Specialty:**

   Phone:

   Fax:

3. **Patient Demographics**

   Childs Name:

   Date of Birth:

   Guardians Name:

   Address:

   City, State Zip code:

   Home Phone: **Work:** **Cell:**

   Please circle best number if known

4. **Insurance information**

   Company: **Policy Holders Name:**

   Policy ID#: **Group #**

   Insurance Phone #:

Referral to Child Psychiatry Consultation Clinic

OHSU

Childs Name:

DOB:

REASON FOR REFERRAL:

MEDICAL PROBLEM LIST: ☐ **NONE**

1. **2.** **3.**

4. **5.** **6.**

CURRENT MEDICATION LIST (all): : ☐ **NONE**

1. **2.** **3.**

4. **5.** **6.**

ADVERSE DRUG REACTIONS:

HISTORY OF SUICIDAL OR HOMICIDAL IDEATION OR CURRENT CONCERNS?: ☐ **NONE**

CURRENT DIAGNOSES:

1. **2.** **3.**

4 **5.** **6.**

OTHER COMMENTS: