



# Helping You Become the Best You

## Patient Referral Form:

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

Patient Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Patient Presenting Concerns:

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Services referred for:      Medication Management      Therapy

Previous Mental Health Hospitalizations?      Yes      No      If so, when \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical or Mental Impairments?      Yes      No

Currently seeing a therapist?      Yes      No

Any additional information that is important for proper care?

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Referred by: \_\_\_\_\_

Please email any supporting documents that may be required to ensure quality patient care to [marketing@milehighpsychiatry.com](mailto:marketing@milehighpsychiatry.com). If you have any questions please call us directly at 855-675-1751.

Mile High Psychiatry Corporate Office- 14221 East 4th Avenue 2-126 Aurora, CO 80011

At Mile High Psychiatry, we provide a range of mental health services for both children and adults, exclusively through telehealth. By utilizing and integrating multiple therapeutic modalities, our providers will work with you or your child to develop a plan of care that emphasizes wellbeing, collaboration, and patient empowerment.