Mile High Psychiatry, Corporate Offices
2675 S Abilene St #100
Aurora, CO 80011
Phone: 720-507-4779

Collaborative Practitioner Referral Form

In compliance with the Ryan Haight Act, we require a referral from a primary care provider or other healthcare provider for patients who would like to be seen by Mile High Psychiatry for mental health support. Patients have the option of meeting with our team in person, which is required once per year, or, if preferred, these assessments can be completed by their primary care provider during their annual wellness visit.

We kindly request your collaboration and are here to work together to support your patients' mental health needs. Thank you for your time and support! If you have any questions or concerns, please feel free to call us at (720) 507-4779.

Patient Demographics

Full name: Date of birth:

Provider Information

Provider Name and credentials:
Practice address:
Contact information:
Provider NPI:
Patient was provided an in-person assessment: Yes No
Date of In-Person Exam:

Vitals:

Reason for Referral:

- ☐ Psychiatric evaluation
- ☐ Medication management
- ☐ Counseling
- ☐ Other _____

By signing below I confirm that I have conducted an in-person physical exam for this patient within the past 12 months, providing clearance for their evaluation and potential treatment with stimulant medications or other controlled substances by the team at Mile High Psychiatry, as clinically appropriate and agree to working as a collaborative practitioner in support of our shared patient and request that Mile High Psychiatry continue their mental health care as needed.

To submit this completed form please email a PDF or photocopy to mhp@milehighpsychiatry.com or fax it to us at (833) 941-5047.

Provider Signature_____