



Psychiatry
2210 E. Illinois Avenue, Suite 401
Fresno, CA 93701
559.320.0580
559.320.0582 Fax
InspireHealth.org

Referrals can be made by faxing this form or calling the office.

Date \_\_\_\_\_ Number of Pages \_\_\_\_\_

- First Available Physician
Craig Campbell, MD
Arman Bhatti, MD General Psychiatry
Karen Kraus, MD Child & Adolescent Psychiatry

Referring Physician \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

PCP (if different from referring) \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_
(if patient is a minor)

Diagnosis \_\_\_\_\_

Insurance \_\_\_\_\_

Please have patient/guardian call us to schedule an appointment at 559.320.0580.

REQUIRED PATIENT INFORMATION

- Copy of Referral
Copy of Insurance Card/Demo Sheet
Last Chart Notes
Lab Results

Thank you very much for referring your patient to our office.

\*\*\*\*\* INTERNAL USE ONLY \*\*\*\*\*

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_ Contact Person: Lisa Gonzales \_\_\_\_\_