

FAX REFERRAL REQUEST



Psychiatry
2210 E. Illinois Avenue, Suite 401
Fresno, CA 93701
559.320.0580 Office
833.973.5582 Referral 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 _____