

NP Health Partners Psychiatry Referral Form

Please fill out the information below and FAX to 713.357.9038 – otherwise if you prefer you can call 920-968-2727 for assistance with scheduling.

NP Health Partners
3962 N. Richmond St
Appleton, WI 54913

www.tammyweyenberg.com

Phone: 920.968.2727

Fax: 713.357.9038

Please complete/fax this (1) form, (2) a signed Release of Information for you as the referrer, and (3) relevant medical records, medical problem list and/or medication list to 713.357.9038

To be completed by referring provider/staff.

Referring Clinician: _____ Clinician Phone: _____

Patient Name: _____ Gender: _____ DOB: _____

Patient Phone: _____ Email (if known): _____

Health Insurance: _____

Name of patient's therapist (if known): _____

Current/most recent prescriber of PSYCHIATRIC medications: _____

What is the primary reason for referral?

Anything else you feel is important to share?

Thank you for your referral!

Tammy Weyenberg, PMHNP