

## Outpatient Psychiatric Services Referral Form

953 Jeff Road NW  
Huntsville, AL 35806  
Office#: (256) 322-NAPA (6272) Fax#: (256) 322-4987  
[www.northalabamapsych.com](http://www.northalabamapsych.com)

### Circle Requested Provider

**Heath R. Penland, M.D., F.A.P.A.**  
**Heidi Hollinger, CRNP, PMHNP**

**James Taylor, LPC**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Patient Contact Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

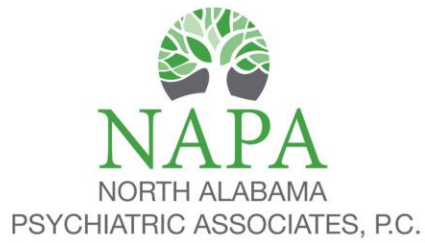
Policy Holder's Employer: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_

### Reason for Referral

List Primary Concerns: \_\_\_\_\_

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



**Check All that Apply to Patient currently:**

\_\_\_ Depression    \_\_\_ Anxiety    \_\_\_ Attention Disorders  
\_\_\_ Behavioral Problems    \_\_\_ Substance Abuse    \_\_\_ Anger Issues  
\_\_\_ Other Mood Disorders: \_\_\_\_\_

**Psychiatric History (if known):**                      **Circle if: None**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medication(s):**  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide any additional relevant information below**

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

Name of Person Completing this Form: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Send form to NAPA's confidential fax# (256) 322-4987**

**Our office staff will contact the patient or patient's parent to schedule an appointment as soon as possible. If you have any immediate concerns, please contact the office directly at (256) 322-NAPA (6272)**

**OFFICE USE ONLY:**

Appointment Date/Time: \_\_\_\_\_

Appointment in computer \_\_\_    Refused to schedule \_\_\_    Website given \_\_\_

NAPA Staff Initials \_\_\_\_\_                      Date \_\_\_\_\_