

Palm Desert Psychiatry

74-075 El Paseo Suite B-1
Palm Desert, Ca 92260
Phone: 760-668-5598 Fax: (805)439-1070
www.palmdesertpsychiatry.com

Referral Form

Patient Name: _____ Sex M ___ F ___ DOB: _____

Address: _____ City: _____ Zip _____

Phone Number: _____ Cell Number: _____

Insurance: _____

Subscriber ID: _____ Group Number: _____

Name of Insured: _____ Relationship to patient: _____

Reason for Referral: _____

Current Medications: _____

Referring Provider: _____

Person Completing Referral Form: _____

Phone: _____ Fax: _____

Please fax completed form to (805)439-1070