Alpha Minds Services & TMS
ELEVATE YOUR MIND. UNLOCK POTENTIAL

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PSYCHIATRIC REFERRAL FORM

Spravato (Esketamine) | Transcranial Magnetic Stimulation (TMS) | Medication Management

REFERRING PROVIDER INFORMATION

Provider: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Age: _____

Phone: _____ Email: _____

Address: _____

Insurance: _____ Member ID: _____

REASON FOR REFERRAL (Check all that apply)

- ☐ Spravato (Esketamine) Evaluation
- ☐ Transcranial Magnetic Stimulation (TMS) Evaluation
- ☐ Medication Management

DIAGNOSIS: _____

RECORDS ATTACHED (If applicable)

- ☐ Recent psychiatric evaluation
- ☐ Medication trial documentation
- ☐ Recent office note
- ☐ Recent labs
- ☐ Release of Information
- ☐ Other: _____

Please fax completed form with supporting documentation to 989-208-2830
For urgent referrals, please call: 989-906-6742

****This is not an emergency clinic, for emergencies, please contact 911****