

Henry Kengong Ntoro, LLC

Psychiatric Medication Management Referral Form

Please complete this form and attach intake and progress notes or detailed treatment summary. Once this information is received, an initial psychiatric consultation can be scheduled.

Name of client _____ Date of Referral _____

*Insurance information _____ Member's ID# _____

Client's phone _____ Date of Birth _____

Address _____

Referring Clinician _____ Clinician's phone _____

Please fill the following or attach your initial consultation note and recent progress notes:

Presenting concern: specific reason for referral and recent course of treatment.

History of Mental Health Symptoms and Treatment

Significant Substance use. Eating or Weight concerns

Past psychiatric consultation, Past psychiatric hospitalizations, History of suicide attempts

Social/Developmental History

Strengths, coping skills, interests, areas of life that are going well

Physical Health and Medical History

List of current Medications and pharmacy (attach list if applicable)
