

# LIBERTAS MIND

NEUROHEALTH AND INFUSION CENTER

963 Route 146 Suite 1 Clifton Park, NY 12065

## Patient Referral Form

IN ORDER TO REFERR A PATIENT FOR SPRAVATO PLEASE SEND THE FOLLOWING:

1. Complete this page
2. Send a demographics sheet with insurance and contact information
3. Send your last treatment or encounter note

### 1. PATIENT INFORMATION

First Name:	Last Name	Date of Birth	
Address:		Phone Number*:	
Town/City:	State:	ZIP Code:	Email:

### 2. MEDICAL HISTORY

Diagnosis: \_\_\_\_\_

Medical/Treatment History:

Medication History:

**Upload this form to the website or fax to 518-240-4310**  
**Include a demographics sheet showing the patient's insurance**  
**Attach or send the last treatment or encounter note**

Practice:	Email:	Fax Number:
Provider Name:	Provider Phone:	

Please notify me with updates regarding my patient through: Phone/ Email/ Fax

**If there is a specific therapy your referring fro or additional information, please specify below:**

\_\_\_\_\_