

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

Add any additional information below:
