MINDSHIFT PSYCHIATRY
a forward shift in your mental health

Phone: (702) 748-9726 | **Fax:** (702) 608-8528 | **Email:** admin@mindshiftlv.com

Website: https://www.mindshiftlv.com

Patient Referral Form

Ways to Submit this Referral Form:

- You may complete and submit this form online OR
- You may print this form by clicking "Fill this Out By Hand" at the top right corner, manually complete and fax over to:

  Mindshift Psychiatry

  ATTN: Roscelle Minoza APRN, PMHNP-BC

  Fax#: (702) 608-8528

  Phone#: (702) 748-9726

1. Please enter the Referral Source Information.

Name of Referring Provider _____ Referring Provider Fax# _____ Office Phone# _____

NPI# of Referring Provider _____ Referring Provider Email _____ Name of Person Completing Form _____

Reason for Referral _____

Comments _____

2. Please enter the Patient's Information.

First Name: _____ Middle Initials: _____ Last Name: _____ Date of Birth: _____

Gender:
○ Female ○ Male

Marital Status:
○ Single ○ Married ○ Domestic Partner ○ Separated ○ Divorced ○ Widowed

Street Address: _____ Apt./Unit #: _____ City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Preferred contact method:
○ Mobile Phone ○ Home Phone ○ Work Phone ○ Email

3. Primary Insurance

Primary Insurance Company | Member ID / Policy # | Group Number

Client Relationship to Insured
○ Self ○ Spouse ○ Child ○ Other

Insured Name | Insured Phone # | Insured Date of Birth | Insured Gender
○ Female ○ Male

Insured Street Address | Insured City | Insured State | Zip Code

4. Secondary Insurance

Secondary Insurance Company | Member ID / Policy # | Group Number

Client Relationship to Insured
○ Self ○ Spouse ○ Child ○ Other

Insured Name | Insured Phone # | Insured Date of Birth | Insured Gender
○ Female ○ Male

Insured Street Address | Insured City | Insured State | Zip Code

5. Please upload any document pertinent to referral. If you are completing form manually offline, please attach document to fax and fax with the rest of the Referral Form to (702) 608-8528.