

YOU'RE NOT ALONE PSYCHIATRY / Lisa E. Hake, MD: Provider Referral Form

Thank you for referring your patient to *You're Not Alone Psychiatry*.

We've designed this referral form to be as brief as possible and expect it to take **about 3 minutes to complete**. Please provide whatever additional clinical information is readily available; there is no need to duplicate information that will be included in accompanying records.

This form helps Dr. Lisa E. Hake understand your referral question and determine whether the patient may be a good fit for the practice.

You're Not Alone Psychiatry provides scheduled outpatient psychiatric care for adults in Oregon and is not an emergency or crisis service. This form is not monitored continuously. For urgent or emergency psychiatric needs, please use appropriate crisis or emergency services.

Secure Fax: (541) 865-6851
Dr. Hake Direct: (540) 449-3366

SECTION 1: PATIENT INFORMATION

Patient

Legal first name

Last name

Date of Birth

Phone

Email

Insurance

- ☐ Regence BlueCross BlueShield
- ☐ Traditional Medicare
- ☐ Private Pay
- ☐ Other

If 'Other', please (specify):

SECTION 2: REFERRING CLINICIAN

Name and credentials

Practice / Organization

Phone

Please provide a fax number or secure email for referral updates.

SECTION 3: HOW CAN I HELP?

What are you referring this patient for?

Please select all that apply.

- | | |
|--|---|
| ☐ Comprehensive psychiatric evaluation | ☐ Diagnostic clarification |
| ☐ Medication evaluation / management | ☐ Depression |
| ☐ Anxiety / panic | ☐ Mood / bipolar concerns |
| ☐ ADHD / attention concerns | ☐ Trauma-related symptoms |
| ☐ Sleep concerns | ☐ Medication side effects or inadequate treatment response |
| ☐ Deprescribing / medication simplification | ☐ Geriatric psychiatric concerns |
| ☐ Psychotherapy | ☐ Integrative / lifestyle psychiatry |

Other

What would you most like Dr. Hake to help with?

SECTION 4: HELPFUL CLINICAL INFORMATION

Known or suspected psychiatric diagnoses, if known

Current psychiatric medications and important previous medication trials, side effects, or adverse reactions, if known

Relevant medical or neurologic conditions, if known

Is there anything else you think would be helpful for Dr. Hake to know?

SECTION 5: SAFETY

To your knowledge, are any of the following current or recent concerns?

Please select all that apply.

- ☐ No current or recent safety concerns known
- ☐ Suicidal ideation or self-harm
- ☐ Recent psychiatric hospitalization
- ☐ Substance-related concern
- ☐ Aggression or violence concern
- ☐ Other significant safety concern
- ☐ Unknown / insufficient information

Please provide any relevant details about safety concerns.

SECTION 6: RECORDS & CARE COORDINATION

Relevant records may be **faxed securely** to *You're Not Alone Psychiatry* at **(541) 865-6851**.

What additional records are being provided or are available?

Please select all that apply.

- ☐ Medication list
- ☐ Recent clinical notes
- ☐ Relevant laboratory results
- ☐ Previous psychiatric evaluation or testing
- ☐ Hospital / discharge records
- ☐ No additional records

Primary care clinician, if known

Current therapist or other behavioral health clinician, if known

QUESTIONS ABOUT A REFERRAL?

Referring clinicians are welcome to contact **Dr. Hake** directly if there is additional information that would be easier to discuss by phone: **540-449-3366**

Please do not use this number for urgent or emergency concerns.

FINAL ACKNOWLEDGMENT

Acknowledgment

☐ I understand that You're Not Alone Psychiatry provides scheduled outpatient psychiatric care and that submitting this referral does not guarantee acceptance into the practice.

Thank you for your referral.

Lisa E. Hake, MD

You're Not Alone Psychiatry