Visionary Psychiatry

535 SE Washington St Hillsboro, OR 97123
Phone: (503) 755-6703
Fax: (503) 755-6704
Email: visionary@vpteam.hush.com

Patient Referral Form

Date of Reference:_____ Referral Urgent: **Yes** ☐ **No** ☐

Patient Name:_____ Date of Birth:_____

Preferred name:_____

Address: _____

City:_____State:_____ Zip Code:_____

Phone number:_____Email: _____

Insurance: _____ Member ID: _____

Refer the patient to:

☐ PCP ☐ Therapy ☐ Others:_____

Name of facility: _____

Name of provider/ therapist: _____

Referring Provider: Carmen Kosicek, PMHNP

Reason for Referral:_____

Attachments:

☐ Chart notes
☐ Lab results
☐ MRI results
☐ Medication List
☐ Others: _____
_____
_____
_____
_____

Patient is aware and consents to Referral ☐ Yes ☐ No

Need medication management? We are accepting new patients!
Fax or email us your referrals.