

INSTITUTE OF ATTENTION & MOOD EVALUATION - "IAM"

Madison: 11743 County Line Road Suite C, Madison, AL 35758

Huntsville: 185 Whitesport Drive SW Suite 5, Huntsville AL 35801

Fax: 256-880-9203

Phone: 256-880-3500

Referral Reason (Check all that apply):

Anxiety ADHD Depression Bipolar Disorder Other:

Is patient interested in ADHD or Bipolar diagnostic testing with a comprehensive evaluation?

Yes No Unsure

Is patient interested in talk therapy? Yes No Unsure Only wanting talk therapy

PREFERRED PROVIDER : First Available (MADISON) First Available (HSV)

Ashley Sykes, CRNP (HSV) Lauren Ross, CRNP (HSV)

Stephanie Blume, CRNP (MADISON) Gagan Dhaliwal, MD (HSV or MAD)

Erin Russell, LMFT (MADISON – TALK THERAPIST)

Patient Information

Name: _____ **DOB:** _____

Contact number: _____ **Insurance:** _____

Current Medications:

History of Drug or Alcohol Use? Yes No If yes, please describe: _____

Is patient currently under a pain management contract or regular use of narcotics? Yes

No

Past psychiatric hospitalizations? Yes No

If yes, when/where was the most recent: _____

Any additional relevant information:

Kindly allow 2 business days for a response from our staff.

Please Fax to 256-880-9203

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Referring Provider: _____ Fax #: _____

Phone #: _____ Referral Contact: _____

Date of Referral: _____

**** PLEASE SEND A COPY OF THE PATIENT'S ID, INSURANCE CARD, AND LAST OFFICE NOTE****

Kindly allow 2 business days for a response from our staff.

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