



# ALLEVIANT

HEALTH CENTERS™

Phone: (866) 951-HEAL • Fax: (501) 708-2185 • [newpatients@allevant.com](mailto:newpatients@allevant.com)

## REFERRAL FORM

At Alleivant Health Centers, we seek to collaborate with referring providers to optimize patient care and provide adjunct therapy as needed. Your patient's continuity of care is of the utmost importance to us. Please provide the following:

<b>Patient Name:</b>		
<b>Date of Birth:</b>		
<b>Patient Phone Number:</b>		
<b>Patient Address:</b>		
<b>Patient Email:</b>		
<b>Patient Insurance</b>		<b>Insurance ID:</b>
<b>Referral Diagnosis:</b>		
<b>Referral Provider Name:</b>		
<b>Provider Specialty:</b>		
<b>Provider NPI Number:</b>		
<b>Provider Email:</b>		
<b>Provider Address:</b>		
<b>Provider Phone:</b>		
<b>Provider Fax:</b>		
<b>How did you hear about us?:</b>		
<b>Reason for referral:</b>		

**IMPORTANT:** Please include with this submission all current diagnoses, current medications and current problem list, as well as face sheet that includes patient insurance information.

### CLINIC LOCATION

Little Rock     Jonesboro     Rogers     Brentwood     Denver

### SERVICES

Psychiatric Evaluation     Medication Management     Psychotherapy  
 Ketamine Therapy     TMS     Pain Treatment     Telebehavioral Health

**Please fax to (501) 708-2185, or email this fillable form to [newpatients@allevant.com](mailto:newpatients@allevant.com).**