

Fax to: (800) 878-7002

(Do not add a "1" before 800. Fax to exactly: 800-878-7002.)

Or email to: referrals@healthyyoungminds.com

Refer a Patient

Please fill out the form below to refer a patient to Healthy Young Minds.

(* = required field)

| Caregiver and Patient Ir | nformation | |
|----------------------------|----------------|---|
| Caregiver's Full Name * | | Caregiver's Language Preference * |
| | | |
| Caregiver's Phone Number * | Caregiver's Em | nail Address |
| | | |
| Patient's Full Name * | | Patient's State of Residence * |
| | | |
| Patient's Insurance * | | |
| | | |
| Referring Provider's Inf | ormation | |
| Provider's Full Name * | | Provider's Organization * |
| | | |
| Provider's Phone Number * | Provider's Ema | nil Address |
| | | |
| Provider's Fax Number | | |
| | | Preferred Method of Feedback * |
| | | ○ Secure Mail ○ Fax |
| Reason for Referral * | | |
| | | You may attach and fax additional documnts: Insurance, questionnaires, test results, etc. |