



ALLEVIANT

INTEGRATED MENTAL HEALTH™

Phone: (866) 951-HEAL • Fax: (501) 708-2185 • newpatients@alleviant.com

REFERRAL FORM

At Alleviant 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:

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

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

<input type="checkbox"/> Little Rock	<input type="checkbox"/> Fayetteville	<input type="checkbox"/> Rogers	<input type="checkbox"/> Jonesboro
	<input type="checkbox"/> Conway	<input type="checkbox"/> Bentonville	

SERVICES

<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Psychotherapy	
<input type="checkbox"/> Ketamine Therapy	<input type="checkbox"/> TMS	<input type="checkbox"/> Pain Treatment	<input type="checkbox"/> Telebehavioral Health

Please fax to (501) 708-2185, or email this fillable form to newpatients@alleviant.com.