



ALLEVIANT

INTEGRATED MENTAL HEALTH™

Phone: 866.951.HEAL Fax: 833.974.2069 newpatients@alleviant.com

REFERRAL FORM

At Alleviant Integrated Mental Health, 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 E-mail:	
Patient Insurance & ID #:	
Referral Diagnosis:	
Referral Provider Name:	
Provider Specialty:	
Provider NPI Number:	
Provider E-mail:	
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 a face sheet that includes patient insurance information.

LOCATION

- Bentonville
 Bryant
 Conway
 Fayetteville
 Fort Smith
 Jonesboro
 Little Rock
 North Little Rock
 Rogers

SERVICES

- Psychiatric Evaluation
 Medication Management
 Psychotherapy
 Telebehavioral Health
 TMS
 Spravato
 Ketamine Therapy

Please fax to 833.974.2069 or email this fillable form to newpatients@alleviant.com