



Phone: 702-790-2701

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Referral Form

Referring a patient to us? Please fill all sections on this form completely and accurately so that we can understand your patients' needs and how we can assist them effectively.

Patient Info	
Patient name (first & last name):	
Date of birth:	
Phone number:	
Mailing address:	
Email address:	
Insurance & ID number:	
Referral diagnosis	

Referral Info	
Provider referring:	
Provider specialty:	
Provider NPI number:	
Email address:	
Phone number :	
Mailing address:	
Fax number:	
How did you hear about us?	
Reason for referral:	

IMPORTANT: Please include with this form all current diagnoses and medications. Please also include a problem list and a face sheet containing the patient's insurance information.

Email form and relevant paperwork
to [*focus@focusmentalhealth.com*](mailto:focus@focusmentalhealth.com)
OR fax to 702-790-2706