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## The Department of Psychiatry and Neurobehavioral Sciences

### Referral Form

The UVA Outpatient Complex Psychiatric Diagnosis Clinic was established to provide expert consultation to providers on matters of uncertain or complex psychiatric diagnosis. The clinic also serves patients who are interested in a second opinion on psychiatric diagnosis. The consultation typically takes 1-3 visits and will lead to a written report for the referring provider or patient.

Referring Provider Name: \_\_\_\_\_

Referring Provider Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Contact Information (phone number): \_\_\_\_\_

Psychiatric Diagnosis, Symptom, or Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Please complete and fax this form to 434.924.8496. Once this form is received and reviewed our staff will reach out to the patient to schedule an appointment.