Primary Care Physician – Psychiatric Consultation Request Form

Please complete the information below and fax to Intake.

Behavioral Health Outpatient Services
PRINCE WILLIAM MEDICAL CENTER *PHYSICIAN LINE: (703)369-4542*
8680 HOSPITAL WAY *PATIENT LINE: (703)369-8055x 1*
MANASSAS VA 20109 *FAX: (703)369-8565*
INTAKE COORDINATORS - Kamisha Bratton, M.Ed. & Shirrie Jones, M.S.

Referring Physician: _____

Phone and Ext: _____ Fax: _____

(*If applicable*) Parent(s): _____ _____

Patient Name: _____ DOB: _____

Patient Phone Number(s): _____ _____

Reason for consultation and background information (include current medications if known):

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Name: _____ Date: _____

Your patient will be contacted to schedule a consultation
after which the psychiatrist will call and fax recommendations.

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