

PRACTICE FORM EXAMPLE

Psychiatry referral form

An illustrative referral form for sending a patient to psychiatric care. Not a substitute for a form reviewed for your setting.

Educational example only. This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Referring clinician

Name, practice, phone, fax, secure email

Signature and date

Patient

Name, date of birth, phone

Insurance or payment method, if applicable

Reason for referral

- Primary concern and urgency (routine, soon, urgent)
- Relevant history, current medications, and recent labs
- Any safety concerns

Sharing information

Note the patient's consent to share information, and how records will be transmitted securely.

shrinkiatry is the profession layer of The Shrink Network. Reviewed by Shariq Refai, MD, MBA, FAPA, a board-certified psychiatrist. More educational resources at shrinkiatry.com/resources/.