CITRINE
HEALTH & WELLNESS
PLLC

phone: (702)-551-2881 • **fax** (909)-310-8482 • **e-mail**: info@citrinehw.com • **website**: www.citrinehw.com

Patient Referral Form

Ways to Submit Referral

Please submit the completed referral form via one of the following methods:

- **Email**: info@citrinehw.com
- **Fax**: (909)-310-8482
  - **Citrine Health and Wellness PLLC**
  - **Attention**: Roudette Ferrer, APRN, ACNPC-AG, PMHNP-BC

Patient Information

- **Full Name**: _____
- **Date of Birth**: _____**Gender**: ☐ Male ☐ Female ☐ Other:_____
- **Phone Number**: _____**Email Address**: _____
- **Address**: _____ **State**_____ **Zip Code**_____

Referring Clinic Information

- **Clinic Name**: _____ **Phone Number:**_____
- **Fax Number**: _____**Email**:_____
- **Clinic Address**: _____
- **Referring Provider Name**: _____**Title/Role**: _____

Insurance Information (If available)

- **Primary Insurance Provider**: _____
- **Primary Insurance Holder:**_____
- **Policy Number**: _____**Group Number**: _____

Referral Information

• **Reason for Referral (Please check all that apply):**	• **Symptoms**
◦ ☐ Psychiatric Evaluation	
◦ ☐ Psychiatric Medication Management	
◦ ☐ Brief Psychotherapy/Other (please specify):	
◦ _____	