HUFFMAN PSYCHOLOGY, PLLC
Jennifer L. Huffman, Ph.D., ABPP-CN and Associates
Clinical Psychology and Neuropsychology Services

REFERRAL FORM

To make a referral to Huffman Psychology, please complete and fax to* 517-337-9545*. We will call the patient directly to explain services and schedule an appointment.

Demographic Information (Please complete or fax copy of patient information):

Patient Name _____ DOB _____ Age _____
Sex: ☐ Male ☐ Female Patient SSN _____
Parent/Guardian Name (if patient under 18) _____
Street Address _____
City _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Preferred number for contact _____
Can we leave message at this number? ☐ No ☐ Yes

Referring Office Information (Please complete or fax with cover sheet):

Referral From _____ Dr.'s Office _____
Phone _____ Fax _____

Insurance Information (Please complete or fax copy of insurance cards):

Name of Insurance Company _____
Policy or ID Number _____ Group Number _____
Policy Holder's Name _____ Policy Holder's DOB _____
Relationship to Patient _____
Policy Holder's Employer _____

Referral Question Information (Please complete or send copy of Dr.'s notes):

Current concerns (check all that apply):

☐ADHD	☐Depression/Mood	☐Memory Loss
☐Learning Disorder	☐Anxiety	☐Dementia
☐Autism Spectrum Disorder	☐Personality Disorder	☐Stroke
☐Noncompliance/Defiance	☐Traumatic Brain Injury	☐Competency

☐Other (specify) _____

Please include information regarding relevant medical history, current diagnosis and current medications (Please note below or fax on a separate sheet): _____

_____
_____
_____
_____
_____
_____
_____

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