



REFERRAL FORM

THIS DOCUMENT MUST BE THE COVER PAGE FOR EVERY PATIENT REFERRAL SENT TO TLG TO ENSURE IMMEDIATE NOTIFICATION BACK TO YOUR OFFICE OF YOUR PATIENTS SCHEDULING TO BE SEEN BY TLG AND THE SENDING OF COMPLETED DOCUMENTS BACK TO YOUR OFFICE TO THE APPROPRIATE

DATE

NAME OF MEDICAL OFFICE

NAME OF PHYSICIAN

NAME OF REFERRED PATIENT

M ___ F ___ DOB: _____ PHYC SESSION: _____ MEDICAL PROCEEDURE

EVAL: _____ DEVISE TRIAL / IMPLANT EVAL: _____ IDENTIFY DEVICE TYPE: _____

IN ORDER TO KEEP YOU INFORMED OF THE PROGRESS OF THIS PATIENT REFERRAL FROM YOUR OFFICE TO TLG, WE MUST CONFIRM THE FOLLOWING SPECIFIC CONTACT INFORMATION SO WE CAN NOTIFY YOU DIRECTLY WHEN YOUR PATIENT IS SCHEDULED, SEEN (OR A 'NO SHOW') AS WELL AS TO ENSURE COMPLETED SESSION / EVAL DOCUMENT(S) ARE SENT TO YOUR DESIRED RECIPIENT(S) WITHIN 24 HOURS OF YOUR PATIENT BEING SEEN BY TLG.

NAME OF YOUR OFFICE CONTACT (#1): _____

*THIS IS THE PERSON YOU NEED TO HAVE NOTIFIED OF THE DATE AND TIME WHEN YOUR PATIENT IS SCHEDULED FOR THEIR TLG SESSION OR EVAL.
- PLEASE NO MORE THAN TWO CONTACT INDIVIDUALS PER OFFICE.*

THIS INDIVIDUALS CONTACT E-MAIL: _____

TEXT-ABLE CONTACT PHONE NUMBER: _____

SHOULD THESE PERSONS DESIRE TO RECEIVE A PATIENT UPDATE VIA INSTANT TEXT NOTIFICATION OR TO MAKE AN INSTANT REQUEST TO OUR OFFICE DIRECTLY VIA TEXT TO OUR OFFICE MAIN NUMBER 210-908-7573 - AS WELL.

NAME OF YOUR OFFICE CONTACT (#2): _____

THIS INDIVIDUALS CONTACT E-MAIL: _____

TEXT-ABLE CONTACT PHONE NUMBER: _____

NOTE: Please ensure you send us your patients complete demographics, insurance billing info and patients notes from their last 1-3 visits to your office. - *THANK YOU!*

TLG - The LAHAYE Group
Associated Mental Health & Wellness Professionals

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