BSW Psychiatry

1266 Furnace Brook Pkwy, Quincy, MA 02169 · bswpsychiatry.com

Patient Referral Form

For healthcare professionals

Thank you for thinking of us. Fill in this form on screen or print it, then send it to our office along with any recent notes you'd like us to see. We'll reach out to your patient to schedule and let you know once they're booked.

1. About the patient

Full name

Date of birth

Preferred name / pronouns

Best phone number

Email

Town

Parent / guardian (if under 18)

Preferred language

Visit preference

- ☐ In person in Quincy
- ☐ Telehealth (video)
- ☐ No preference
- ☐ The patient knows about this referral and agrees to be contacted by our office

2. Insurance

Insurance plan

Member ID

Group number

3. Referring provider

Name and credentials

Practice / organization

NPI

Phone

Fax

Email

4. Reason for referral

- ☐ Psychiatric evaluation
- ☐ Medication management
- ☐ Second opinion
- ☐ Other

Main concerns and what you'd like help with (a brief summary is plenty)

Current medications (or attach a list)

Working diagnosis, if any

5. Timing and attachments

- ☐ Routine
- ☐ Soon (within 2 weeks)
- ☐ Recent notes attached
- ☐ Medication list attached

Referring provider signature

Date

How to send this form: visit bswpsychiatry.com/patient-resources/referring-providers for our current fax and contact details.

Not for emergencies. If your patient is in crisis, call or text 988 (Suicide & Crisis Lifeline) or call 911.