

**PIEDMONT PSYCHIATRIC SERVICES**

pedmontpsych.com or piedmontonline.com

Tony R. Goodbar, M.D. (Child & Adolescent Psychiatry)  
Jeffrey K. Smith, M.D. (Adult Psychiatry)  
Joseph A. Friddle, PA-C

Jim Harbin, MEd, LPC  
Michael D. Smith, MA, LPC  
Albert C. Bennett, MA, LPC  
Mary L. Shults, MSW, LISW  
Carol Mitchell, MSN, LPC  
Tanya Hargrove, MA, LPC

**NEW PATIENT REFERRAL FORM**

DATE: \_\_\_/\_\_\_/\_\_\_ PHYSICIAN REQUESTED: \_\_\_\_\_

REFERRED BY \_\_\_\_\_ REFERRAL OFFICE CONTACT \_\_\_\_\_

REFERRAL CONTACT EMAIL \_\_\_\_\_ BACKLINE # \_\_\_\_\_ FAX# \_\_\_\_\_

ADDRESS \_\_\_\_\_

**WE DO NOT TAKE PATIENTS THAT ARE ELIGIBLE FOR MEDICAID OR HAVE THIS AS THEIR PRIMARY/SECONDARY INSURANCE**

**PATIENT INFORMATION (We will contact the patient to schedule appointment)**

NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SSN \_\_\_\_\_

Parent Name (if minor) \_\_\_\_\_ Work Place \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

**PRIMARY INS:** \_\_\_\_\_ **SECONDARY INS:** \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\* PLEASE FAX COMPLETED REFERRAL FORM WITH A COPY OF MEDICAL RECORDS AND INSURANCE CARD(S) TO (864)676-9765 OR (864)676-9432**

**\* ANY QUESTIONS, PLEASE CONTACT OUR REFERRAL COORDINATOR, TRACEY AT (864)676-9211 EXT. 137 OR tbryant@pedmontpsych.com**

⑩ For Office Use Only: Appointment Date/Time \_\_\_\_\_

Please fax completed form to 864/676-9765