



Patient Referral Form

Fax completed form to **407.477.4132**

Mailing address: 4700 Millenia Boulevard, Suite 175, Orlando, Florida 32839
Phone: 407.477.4060 | office@inlightpsychiatry.com | inlightpsychiatry.com

Before you refer, please note

- We see adult patients ages 18 and older.
- At this time, we only see patients located in Florida.
- **Insurance plans we accept:** Aetna, AvMed, Cigna, ComPsych, Curative, Evolutions Healthcare, Florida Blue / Blue Cross Blue Shield, Optum, Oscar Health, UMR, UnitedHealthcare, UnitedHealthcare Student Resources, and VA Community Care Network. Self-pay is welcome. **We do not accept Medicare or Medicaid plans**, including Medicare Advantage and Medicaid plans offered by the insurers listed.

1. PATIENT INFORMATION

Legal first name	Last name	Date of birth (MM/DD/YYYY)
Phone number	Email	
Insurance name (optional)	Member ID number (optional)	
☐ Patient is a Florida resident.	☐ Patient is aware of this referral and agrees to be contacted.	

2. REFERRING PROVIDER INFORMATION

First name	Last name	Practice type (e.g., primary care, therapy)
Practice name		
Phone number	Fax number (optional)	Email

We will email you an update once the patient is scheduled.

3. REASON FOR REFERRAL

We are unable to treat:

- Certain personality disorders
- Schizophrenia or psychosis
- Substance use disorders
- Patients who are high risk for self-harm and may need a higher level of psychiatric care
- Patients who are medically unstable or require significant medical monitoring

Reason for referral (check all that apply)

☐ ADHD	☐ Medication management	☐ Therapy
☐ Anxiety / panic attacks	☐ Obsessive Compulsive Disorder (OCD)	☐ Women's mental health
☐ Bipolar disorder	☐ Post Traumatic Stress Disorder (PTSD)	(PMDD, postpartum depression, perimenopause, postmenopause)
☐ Depression	☐ Sleep disorders (primary insomnia)	
☐ Other (please specify):		

Additional information (optional) Current medications, relevant history, or anything else we should know. You may also attach relevant records to this fax.

Thank you for the referral. We will provide an update once we have reached out to the patient.