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Referral for Healing & Restorative Therapies

Thank you for considering HART to help with your patient's mental health needs.

We are happy to assist your patients with their mental health concerns while upholding standards of care. We do not endorse use of benzodiazepines or other controlled medications outside of standards of care.

We are here to help with:

Anxiety
Depression
Insomnia/Sleep Issues
PTSD, OCD
Grief/Loss
Perinatal Mental Health Support
Infertility/Pregnancy Loss counseling
Stress Issues/Coping Skills

Unfortunately we do **NOT** treat:

Chronic mental health issues (schizophrenia, psychosis, etc.)
History of suicide attempt or homicidal attempts
History of inpatient psychiatric hospitalizations
Addiction Medicine/Substance Use Disorder

**COMMERCIAL PLANS with: Cigna, Aetna, BCBS, Magellan,
and United Healthcare (Optum)**

We don't participate in Medicare, Medicaid, or TennCare.

Date: _____

Patient Name: _____ DOB: _____ Patient Phone: _____

Insurance: _____

Date of Most Recent Appointment with Referring Provider: _____

Referring Provider: _____ Clinic: _____

Referring Provider Contact Person: _____

Contact Person's Preferred Contact Info email or phone: _____

Referral for: _____ Medication Management only
_____ Therapy only
_____ Medication Management and Therapy

Desired Outcome:

_____ One-time consult for diagnostic opinion and treatment recommendations
_____ Brief course of pharmacotherapy by psychiatric provider, followed by return to care with PCP once medication treatment stable
_____ Ongoing collaborative care (PCP and Psych share responsibility)
_____ Other, please specify: _____

Current symptoms : _____

Diagnostic Impression: _____

Current/Past Psychiatric Medications: _____