



211 E. Butler Rd., Ste C1
Mauldin, SC 29662
www.GreenvilleADHD.com

P: 864-305-1662
F: 864-603-2067
E: frontdesk@greenvilleadhd.com

REFERRAL FORM

PLEASE FAX MEDICAL RECORDS WITH REFERRAL FORM.

PATIENT INFORMATION:			
Name: (First Middle Last)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name:		Date of Birth:	
Mailing Address:		City:	State: Zip:
Primary Phone:		Contact Name:	
Secondary Phone:		Contact Name:	
Email (REQUIRED):			

IF PATIENT IS MINOR:			
Name of Parent(s)/ Legal Guardian:			
Relationship to Patient:			
Phone Number:		Email:	
Is Mailing Address same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide address below.			
Mailing Address:		City:	State: Zip:

REFERRING PROVIDER INFORMATION:			
Provider Name:			NPI:
Practice Name:			
Referral Contact:		Referral Email:	
Phone:		Fax:	
Address:			

ADDITIONAL INFORMATION:
<p>Please note we require our new patient paperwork to be completed and returned to our office BEFORE we can schedule an appointment. Paperwork can be found on our website, www.GreenvilleADHD.com, under Patient Forms. We will notify the referring office once an appointment has been scheduled.</p> <p>Our office is private pay and we do not file claims to insurance.</p> <p>New Patient Appointment: \$750 (includes testing appointment & appointment with provider) Follow Up Appointments: \$150-\$350 different levels based on length and complexity of visit.</p> <p>We offer a 20% discount when payment is made in full on the day of the appointment and payment plan options are available as well.</p>

Referral Notes:
