



A Turning Point for Quality Change

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Referral for Psychological and Counseling Services

Please Print Clearly – Fax to (210) 615-1767

Date of Referral: _____ Referring Physician: _____ Fax #: _____
Office #: _____

Patient Name: _____ Parent (if patient is a minor) _____
Home Phone: _____ Other Number: _____

The client is presenting with symptoms or problems in the following areas:

Mood or Anxiety	Physiology*	Behavior or Impulse	Psychosis	Insurance
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar <input type="checkbox"/> Panic <input type="checkbox"/> Phobia <input type="checkbox"/> Obsessive-Compulsive <input type="checkbox"/> PTSD <input type="checkbox"/> Other:	<input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiopulmonary Pain from: <input type="checkbox"/> Injury <input type="checkbox"/> Cancer <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Headache <input type="checkbox"/> Sleep Disorder <input type="checkbox"/> Irritable Bowel <input type="checkbox"/> Asthma <input type="checkbox"/> TMD <input type="checkbox"/> Other:	<input type="checkbox"/> ADHD <input type="checkbox"/> Conduct or Oppositionality <input type="checkbox"/> Anger <input type="checkbox"/> Substance abuse <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Body Perception <input type="checkbox"/> Other Impulse Problems <input type="checkbox"/> Other Behavior Problems	Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Delusions <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Other:	<input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Community First <input type="checkbox"/> Lifesync <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Humana <input type="checkbox"/> Superior <input type="checkbox"/> Tri-care <input type="checkbox"/> Value Options <input type="checkbox"/> Other:

☐ Physician requests psychologist to call patient

☐ Patient was directed to call psychologist

☐ Physician requests brief follow-up chart note from psychologist

Other requests or comments: _____

*Psychology offers a number of health and behavioral interventions for many conditions that manifest physiologically