

PCP and Behavioral Health Communication Form

Date: _____

PCP Practice Name: _____

Phone: _____ Fax: _____

Patient Name: _____

Patient DOB: _____

Dear _____

I am referring one of my patients to you for consultation and possible treatment for _____. In order to better coordinate care, I also wanted you to have the current list of medications this patient is taking. After your appointment, if you would kindly complete the bottom of this form and return it, it would be greatly appreciated. If you have any questions or need further information, please feel free to contact me.

Thank you,

Physician Signature

Medication Name/Dose	Frequency	Medication Name/Dose	Frequency

Date: _____

BH Practice Name: _____

Phone: _____ Fax: _____

The above patient was recently evaluated by me. In an effort to increase coordination of care, I wanted to make you aware of changes in or new medications. If you have any questions, please feel free to contact me.

Thank you,

Physician Signature

Medication Name/Dose	Frequency	Diagnosis or Comments