Provider Consult Request Form

To be completed and signed by Primary Care Provider (MD/NP/PA)

PsychMDs Collaborative Care

consults@psychmds.com – Fax (612) 568 1034 – 3208 W Lake St., #14, Minneapolis MN 55416

Provider Name:

Provider Title (MD/PA/NP):

Provider Specialty:

Attending/Supervising Physician (if applicable, for resident MD/PA/NP):

Provider Workplace:

Patient Name:

Patient Date of Birth:

Date of Consult Request:

Reason for Consult:

Please attach a brief statement of the clinical course to date, along with your contact information and your preferred method of communication.

Provider Statement: I am the treating provider for the above patient. I am requesting psychiatric consultation for the problems outlined above. I understand that this is for chronic management questions, not acute medical problems or psychiatric emergencies. I understand that if my patient is acutely suicidal or in crisis, I must arrange for emergency evaluation by a local provider. I understand that this is a chart review service only. Recommendations will be based on the information I send, so if I send incomplete or misleading information it is my responsibility. Therefore, I will try to send complete records including clinical notes and lab data as applicable. I understand that recommendations may include traditional psychiatric consultation with a local provider, and that this chart review consultation does not replace traditional psychiatric services. I understand that this is a one-time consultation, not an ongoing treatment relationship. I will remain the treating provider; will make all treatment decisions and the decision whether to implement the recommendations will be in my sole discretion. I will be the prescriber and take responsibility for obtaining the patient's informed consent to the medication, addressing medication side effects and future monitoring. I agree to make patient medical records available to PsychMDs if needed with respect to a patient claim.

Signature of consulting Primary Care Provider:

Date: