Lansing Institute of Behavioral Medicine

Psychiatric and Psychological Professionals Delivering Quality Mental Health Services to the Mid-Michigan Area

Referral Form

3475 Belle Chase Way | Lansing, MI 48911
Phone: 517-882-3732 ext. 111
Direct Fax: 517-999-0711
www.liobm.com

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Best Time to Call: _____

Alternative Contact (if needed and patient authorized): _____

Phone: _____ Relationship: _____

Insurance Information:

Primary: _____ Contract #:_____

Secondary: _____ Contract #:_____

Referring Information:

Referring Provider: _____Practice: _____

Phone:_____Fax:_____Office Contact:_____

Notes: _____

Service Requested (select all that apply):

___Psychiatric Evaluation ___Medication Management ___Geriatric Psychiatric Evaluation ___Psychotherapy

___Geriatric Neuropsychological Evaluation ___Neuropsychological Evaluation ___ Psychological Evaluation

Requested Provider: **___Next Available Psychiatric Provider** **___Next Available Therapist**

Psychiatric Providers:

___Jeffery Frey D.O
___Mary Haering D.O
___David Picone D.O
___Tonya Lake DNP
___Margaret Keeler CNP
___Shari Nussdorfer CNP
___Rishi Mahabir D.O
___Rajasekhar Jupalli MD
___Roy Meland D.O
___Angie Stathopoulos APRN
___Dayo Farodoye, CNP
___Jennifer Gonzalez CNP

Therapy Providers:

___Matt Solit LMSW
___Marilyn Mclane LMSW
___Lannie Slabaugh LMSW
___Jim Loree LMSW
___Maureen Moloney LMSW
___David Cooper LMSW
___Shelia Henderson LMSW
___Desirea Kring LMSW
___Barb Starling LMSW
___Chris McDaniel LMSW
___Meghan Faust LMSW
___Cynthia Borgman LMSW
___Sandra McCormick PsyD
___Ilene Jolly LMSW

___ Dennis Pelon PhD -Geriatric and Adult Neuropsychological Evaluations

ALL Our Psychiatric Providers Are Certified in Psychiatry

We would appreciate any Medical Records, Testing, Evaluations, and Scans available be attached to the referral. This assists us greatly in the intake process. Any questions please contact us at the numbers above. Thank you for your referral!

Upon scheduling this form will be faxed back with appointment information

Provider: _____

Appointment Date: _____Time: _____