



KALAMAZOO CHILD AND FAMILY COUNSELING, PLC
Pediatric Mental Health Clinic
Melissa Reffitt, DNP, CPNP, PMHS
4341 S. Westnedge Avenue, Suite 1203
Kalamazoo, MI 49008
(269) 615-7637

REFERRAL FORM

** Print face sheet (demographics page) and EHR Referral order. Include with documents below to fax.
If referral order not available, please fill out the following:

Patient Name & DOB _____ Date _____

Referring Primary Care Provider: _____

Reason for referral: _____

Responsible Party (Must be completed) _____ Phone: _____

Responsible Party's Email: _____

Primary Insurance: _____ Policy # _____ Group # _____

Policy Holder: _____

Please fax this form to **269-213-5557** and include:

- Demographic cover sheet with insurance information
- Last physical exam
- Most recent behavioral health visit (if applicable)
- Family history
- Medication list
- Current weight/height and copy of growth chart
- Newborn record (if younger than 5).

★PCP Office Contact: (nurse, social worker, or direct line to PCP) _____

Thank you for choosing our clinic to provide high quality collaborative mental healthcare for your patient!

– Melissa Reffitt, DNP, CPNP, PMHS