



# Agape Youth Behavioral Health Referral Form



**Referring Provider:**

Referring Provider Office Name/Practice: \_\_\_\_\_

Referring Provider Phone Number: \_\_\_\_\_

Referral Contact Person: \_\_\_\_\_

Preferring Provider Fax Number: \_\_\_\_\_

Patient Full Name & DOB: \_\_\_\_\_

Patient Full Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Will translation services be needed? \_\_\_\_\_

Legal Guardian of Patient Full Name & DOB: \_\_\_\_\_

Legal Guardian's Best Contact Number: \_\_\_\_\_

Patient's PCP, if different from above: \_\_\_\_\_

Patient's Insurance Policy Name & Member ID: \_\_\_\_\_

Policy Holder's Name & DOB: \_\_\_\_\_

Brief description of symptoms requiring this referral and current diagnosis: \_\_\_\_\_

If Patient is currently taking medications, please list name(s) and dosage: \_\_\_\_\_

Please select the following service(s) that will meet the need(s) of your client (more than one may be selected).

|                              |                           |
|------------------------------|---------------------------|
| <b>Medication Management</b> | <b>Individual Therapy</b> |
|------------------------------|---------------------------|

If Medication Management is requested, please select the preferred provider(s).

|                     |                                |                         |                      |                          |
|---------------------|--------------------------------|-------------------------|----------------------|--------------------------|
| Mark Jennings, MD   | Laura Edrington, APN, PMHNP    | Erika Trimm, APN, PMHNP | Janera Pentiah, PA-C | Melissa Hickman, NP      |
| Kenneth Pittman, MD | Christy Tittsworth, APN, PMHNP | Roshi Wolfe, FNP        |                      | First Available/Best Fit |

If Individual Therapy is requested, please select the preferred provider(s).

|                      |                                      |                          |
|----------------------|--------------------------------------|--------------------------|
| Tim Todd, LPC        | Airebis Baron, LPC                   | Lindsay Wiggins, LPC     |
| Savana Williams, LPC | Trisha Tatum, LMSW                   | Stephan Belasco, LMSW    |
| Ryan Miller, LMFT    | Kayla Castelow, LMFT (Cash Pay Only) | First Available/Best Fit |

**Please Fax Completed Form to (423) 464-7631**

We will Notify you via fax regarding the patient's appointment determination within 2 weeks from the time the referral is received in our office. Please notify the patient of the appointment date and time. If the patient you are referring is in immediate danger or harming themselves or anyone else, refer to Parkridge Valley Hospital (423-499-2348) immediately, DO NOT refer to us, we are NOT a crisis Center.

**1360 Mackey Branch Drive, Chattanooga, TN 37421  
423-443-3336 PH, 423-464-7510 Fax**