

RYON MEDICAL & ASSOCIATES, LLC.

P.O. Box 497
318 Lacey Avenue
La Junta, Colorado 81050
719-384-0303 (Phone) ~ 719-384-1033 (Fax)

REFERRAL/CONSULTATION REQUEST

Date: _____

Referral Source:

- Psychiatric Evaluation
- Psychological Evaluation
- Psychotherapy

Reason for Referral:

Diagnosis:

Mood Disorder

Sexual Abuse

Depression

Anxiety

PTSD

ADHD

Other: _____

Patient Name: _____ DOB: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Insurance: _____ ID# _____

Appointment Contact: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Please also provide demographics, insurance information, current medication list and any notes that pertain to their referral. Please attach all information and fax to 384-1033. If you have any questions, please contact Dawn at 384-0303. Thank you for the referral!