Abu Nafs Psychology Referral Form

Fax this form or the equivalent information directly from your EHR to **(701) 941-4846**. For questions, call our main office at (701) 941-5497.

**Referring Practice**

Referring Clinician:

Practice Name:

Clinician’s Email:

Practice/Clinician’s Phone:

Practice Fax:

**Patient Demographics**

Name:

Date of Birth:

Email:

Phone:

Type of Appointment: [ ] ADHD Assessment (Online) [ ] Therapy (Online)

**Insurance Details**

Primary Insurance Provider:

Member ID:

Secondary Insurance Provider:

Member ID:

Please include a copy of the front and back of insurance cards in the fax if available.

**Referral Reason**

Describe your referral question or reason:

Please include recent patient notes or other relevant documents in the fax.