

Community TIES – Psych Clinic

Initial Information Form – Psychiatric Clinic Addendum

If you are seeking psychiatric services in addition to behavior consultation services, please include the information below, as well as the TIES referral form. If the client is already receiving behavior consultation services, only this referral is required.

NOTE: all psychiatric clinic clients must also be a behavior consultation client, as the two services work in tandem.

Primary Physician	
Physician Name	
Clinic Name & Address	
Telephone #	
Previous Psychiatry	
Psychiatrist Name	
Clinic Name & Address	
Telephone #	
Other Health Providers	
Name(s) Clinic Name(s), address(es), and phone number(s)	

List all previously prescribed psychiatric medications

Name of medication	Dose / Dates Used	Reason for stopping

Reason for Referral / List Psychiatric Concerns