

Sample Re-referral Request – Psychiatry

Note: This document is intended as an example of what a re-referral request could look like in an electronic medical record.

PSYCHIATRY SERVICE UPDATE REPORT AND RE-REFERRAL REQUEST	
The purpose of this letter is to provide an update the course of _____ care over the past approximately 6 months.	
Initial assessment date: []	
Most recent follow-up appointment: []	
Follow-up appointments - frequency and adherence: []	
Diagnostic Impression: None Recorded	Includes DSM-5
Harm to Self and/or Others Risk: None Recorded	
Therapy Goal(s): None Recorded	
Treatment Intervention(s): None Recorded	
*Active Medications: sertraline HCL 100 mg Oral Capsule 1 Capsule(s) QD X 1 Mth28	Includes any adherence and/or adverse effect issues
*Note: Medications prescribed by me.	
Psychopharmacotherapy Changes Since Last Update []	Includes any adherence and/or adverse effect issues
External Medications: None Recorded	
Psychotherapy: Cognitive Reprocessing Therapy (CPT) - Processing the Index Event	
Therapy Progress: None Recorded	
Therapy Plan: None Recorded	
In my opinion, _____ continues to need the involvement of a psychiatrist in her care.	
Thank you once again for the opportunity to be involved in _____ care.	
Should you have any questions, comments, or concerns please do not hesitate to contact me.	
Sincerely,	