



Psychiatric  
Professionals  
of GEORGIA

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*Your Journey to Wellness*

## New Patient Referral Form for Providers

Fill out the form to the best of your abilities. Please attach any relevant notes, labs, testing, or records. We will contact the patient/family as soon as we have openings. *Please Fax this form to 678-496-9863 or email it to psychiatry@psychprosga.com.*

**Inpatient or Urgent Referral?**  
Please provide a direct number for us to contact the provider/hospital.

**Date of referral:** \_\_\_\_\_

### **Provider Information:**

Name of Provider: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Patient Demographics:**

Name (First, MI, Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone (main): \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### **Insurance (Primary):**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Co-occurring illness (Psychiatric or Medical):** \_\_\_\_\_

**Current Medications (attach list):** \_\_\_\_\_

**Relevant Psychiatric or Medical History:** \_\_\_\_\_

- Please have the patient/family view our website to review our Practice Polices, Payment Policy, and all forms.
- We charge a \$50 no show fee and \$50 late cancellation fee (defined as not cancelled within 48 business hours).
  - New Patient Paperwork will be required with their first visit and is available online in advance.
- Please have them bring Insurance Cards, Photo ID for the primary, all medications, & proof of guardianship (if needed).