

Medical Referral Coordination Form

We recently performed a Mental Health Assessment on a patient of yours, and wanted to coordinate our findings with you.

Patient Name: _____

Patient Date of Birth: _____

Psychotherapist Name: _____

Referring Physician: _____

Initial/Working Diagnosis: _____

Recommended Treatment(s):

- Neurofeedback/EEG Biofeedback Therapy with/without Psychotherapy
- Individual Psychotherapy
- Couples Psychotherapy
- Family Psychotherapy
- Psychiatric Evaluation
- Other _____

Additional Notes:

Please let me know how you would like to coordinate care on this case.

I can communicate via phone (303.841.7121), fax (303.841.7131),
email (Juanita@nfpros.com)

Juanita Jussenhoven, MA, LPCC, NCC

Date