



## Referral Form for Integrative Psychiatry Telemedicine Consultation

(Please fax this completed **two-page** form to **fax number (304) 396-3075**)

### Marisa Serrato, MD, FAPA

Diplomate of the American Board of Psychiatry and Neurology

Diplomate of the American Board of Integrative Holistic Medicine

Certified Clinical Nutritionist

Benson Henry Institute Stress Management and Resiliency Training (SMART) Certified Healthcare Practitioner

Fellow of the American Psychiatric Association

**Note to Treating Healthcare Provider from Dr. Serrato:** You are receiving this form because your patient is requesting an Integrative Psychiatry Telemedicine Consultation with Marisa Serrato MD through A Nourished Mind PLLC. Your referral is required in order for your patient to schedule an appointment.

Dr. Serrato incorporates principles of integrative holistic medicine, clinical nutrition, and functional psychiatry in her consultations. The goal of such consultations is to gain an understanding of the root causes of a person's symptoms, as much as is possible, and to use this information to target treatment. Dr. Serrato's recommendations include treating any underlying issues and implementing lifestyle changes, nutritional interventions, and the possible use of nutrient therapy and other supplements, as well as mind-body practices in order to help a person experience enhanced improvement of their symptoms. These approaches are typically most appropriate for mild to moderate symptoms of anxiety or depression, sleep problems, fatigue, eating concerns, obsessions and compulsions, chronic stress, attention problems/poor concentration, and low energy. While the focus of her consultations is to identify non-pharmacological interventions which may further provide relief from a client's symptoms, clients are encouraged to continue their medication management as recommended by their primary providers.

Please be informed that Dr. Serrato does **not** provide primary psychiatric treatment, such as prescriptions for medications, through this consultation service. While Dr. Serrato may provide recommendations regarding medications, she defers the management of prescription medications to a client's primary psychiatric and medical provider. Dr. Serrato will communicate her assessment and recommendations to the client's primary treating provider.

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone number where client can be reached:** \_\_\_\_\_

### Name of Primary Care Provider or Psychiatrist who is referring patient:

Name: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

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

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

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

### Type of Consultation Services Requested:

General Integrative Psychiatry Telemedicine Consultation Services (~4 months duration)

College Mental Health Integrative Psychiatry Telemedicine Consultation Services (~4 months duration)

Stress Management and Resiliency Training (SMART) (8 video sessions over 8 consecutive weeks)

**Please indicate the symptoms which patient is experiencing:**

- Mild to moderate symptoms of anxiety
- Mild to moderate symptoms of depression
- Chronic stress, or stress-related medical problems
- Sleep problems
- Fatigue
- Eating concerns
- Obsessions and compulsions
- Attention problems/poor concentration
- Low energy

**Additional information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please have your patient call (312) 632-0366 after this form has been faxed. Dr. Serrato will return the patient's call to discuss their interest in Dr. Serrato's consultation services. Thank you for allowing Dr. Serrato's services to be a resource in your patient's care.*

**Signature of Treating Provider:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_