Referral for Psychiatric Services via Telemedicine

Instructions for referring provider

Please fill out this form and return to Dr. Barta. The patient must have had a least one face-to-face professional encounter with the referring provider to be eligible for treatment via telemedicine. You should retain a copy of this referral.

Telemedicine provider

Dr. Patrick Barta, MD, Ph.D.
1900 NE 3rd St, Suite 106-114
Bend, OR, 97701
Maryland DEA: BB3361742
NPI: 1053376244

Voice: 443 470 9101
Fax: 410 337 8084
www.patrickbarta.com
patrickbarta@patrickbarta.com

Referring provider

Name **Title**

DEA # **NPI #**

Provider Address

Last face-to-face encounter

Date **Time**

Patient information

Patient Name:

Date of Birth:

Phone number:

My signature below attests to the following:

- I have had at least one face to face professional encounter with the patient in the past, and
- I believe that the patient would benefit from either a psychiatric evaluation and/or continuing care for one or more of the following problems: (Please check one or more boxes below)

☐ Anxiety disorder
☐ Attention difficulties
☐ Chronic pain
☐ Dementia
☐ Mood disorder
☐ Psychotic disorder
☐ Sexual difficulty
☐ Sleep disorder
☐ Substance abuse
☐ Other: _____

Signature: _____ **Date**: _____