Athena Care

Clarksville | Hendersonville | Franklin | Knoxville | Memphis | Murfreesboro | Nashville

(866) 530-5226

referrals@athenacare.health
phpiop@athenacare.health
interventional@athenacare.health

Referral form

Date .... Referring provider ....

Patient information *You may attach your internal demographic form instead*

Name .... SSN .... Date of birth ....

Home phone .... Mobile/work phone ....

Address ....

City .... State .... Zip ....

Primary insurance information *You may provide copy of insurance card instead*

Insurance .... Card ID# .... Group # ....

Insured's name .... Insured's date of birth ....

Secondary insurance information

Insurance .... Card ID# .... Group # ....

Insured's name .... Insured's date of birth ....

Services required *Check all that apply*

Counseling
- Individual
- Group
- Intensive outpatient (IOP) Partial hospitalization (PHP)

Medication management

Testing (check all that apply)
- Austism/developmental
- General personality
- Other
- Neuropsychological
- Forensic

Interventional psychiatry
- TMS
- Spravato®
- IM Ketamine

Clinical concern to be addressed:

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Instructions

Please attach a copy of insurance card(s) (front & back) and most recent treatment notes.

We will contact the patient to schedule, then inform you of the appointment date & time.

Fax to **(615) 320-1177** Call **(866) 530-5226**