



1910 Cherokee Ave SW,  
Cullman, AL 35055

## We are now offering outpatient services!

Confidential eFax Line available M-F from 8AM-5PM 256-371-5645

www.woodlandpsychiatric.com

dtownsend@woodlandpsychiatric.com

Please call us at 256-255-0820 or email dtownsend@woodlandpsychiatric.com should you have any questions about our referral process or services provided.

Patient Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Social Security Number: \_\_\_\_\_

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

Power of Attorney/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_

Legal Status: *Medical POA/Guardianship if available* \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical and/or Psychiatric Provider: \_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_ Allergies: \_\_\_\_\_

Has the patient received the COVID-19 Vaccine?  Yes  No  No, but patient is interested in learning more

Is the patient currently positive for COVID-19?  Yes  No

Has the patient received a flu vaccine:  Yes  No  No, but patient is interested in learning more

### Reason For Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis of Dementia/Alzheimers:  Yes  No Medical Conditions/Diagnosis: \_\_\_\_\_

History of Mental illness (include diagnosis and recent psychiatric hospitalizations): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Code or DNR: \_\_\_\_\_

