



ADHD/ADD TELEMEDICINE REFERRAL FORM

PATIENT LAST NAME:

PATIENT FIRST NAME:

DATE OF BIRTH:

Today Telemedicine PLLC have either diagnosed or in the process of diagnosing a behavioral health condition that may require stimulant medication (controlled medications). Due to changes in Public Health Emergency and the Ryan Haigh Act, we kindly request that you complete and sign this form to ensure uninterrupted care for our mutual patient.

In doing so, please complete the following information and acknowledge the following:

1) Date of in person physical examination

2) Recently vital signs: HR: BP: Height: Weight: O2: RR:

This patient is referred to Today Telemedicine PLLC for behavioral health treatment and please send copy of physical exam with this form

PROVIDER NAME:

NPI NUMBER:

STATE (FL only):

PRACTICE FAX:

LICENSE NUMBER:

PRACTICE PHONE:

DEA NUMBER:

PRACTICE NAME:

SIGNATURE OF PROVIDER

DATE OF ATTESTATION

When completed please send form to PREFERRED fax 800-448-2761, alternative

ADMIN@TODAYTELEMEDICINE.COM

TODAY TELEMEDICINE *PSYCHIATRY *URGENT CARE*THERAPY * SERVING FL, WA, IL *

PHONE: 800-951-8257 * TEXT 786-706-0822