



Michigan Mental Wellness
37935 W. 12 Mile Road, Suite A
Farmington Hills, MI 48331

Phone: 248-987-4877 • Fax: 248-987-2159

Qualified Telemedicine Referral Form

Your patient is interested in receiving telepsychiatry services at the Michigan Mental Wellness (www.michiganmentalwellness.com). We appreciate you completing this form on their behalf.

Please note, to comply with federal regulations, all fields need to be completed.

Should you have any questions about this form, please feel free to call our office at (248) 987-4877. Should you wish to mail or fax any supporting documentation to our office, our information is 37935 W. 12 Mile Rd, Suite A, Farmington Hills, MI 48331, Fax (248) 987-2159.

Patient name: _____

Date of birth: _____

Date of patient's last in-person visit with your office: _____

Relevant medical diagnoses: _____

Please evaluate patient's psychiatric needs for which you are referring (select all that apply):

- Anxiety
- Attention Memory/Cognition
- Mood
- Sleep

Other (please specify): _____

Psychiatric treatment plan considerations (select all that apply):

- Evaluate for psychotropic medications/psychotropic medication management
- Diagnostic assessment
- Psychotherapy

Other (please specify): _____

Do you believe this patient is a candidate for telepsychiatry services? Yes No

Please select the Michigan Mental Wellness provider that the patient will be seeing:

_____ Patrick Gresham, MD – NPI: 1700014511

_____ Samantha Hickey, PA-C – NPI: 1801308291

_____ Brittany Heffernan, PA-C – NPI: 1902459308

_____ Christen Konja, PA-C – NPI: 1427705342

_____ Sarah Scantamburlo, PA-C – NPI: 1225348568

Referring provider (YOUR name): _____

Referring provider NPI _____

Referring provider office information:

Address: _____

Phone: _____ Fax: _____

Please fax or email this form back to Michigan Mental Wellness

Fax: 248-987-2159

Email: Michiganmentalwellness@outlook.com