Referral Intake Form

Please call to refer or fax/email this completed form to Inpathy:

Email: care@inpathy.com
Fax: 856.872.2524

Number of pages: _____
Referral date: _____

Inpathy is way to access psychiatry and mental health care through convenient, online video calls. It allows individuals to do sessions from home or any other private space using technology they may already have – namely a computer, smart device and a strong internet connection. Inpathy has a large network of providers to choose from, including psychiatrists, psychiatric nurse practitioners, therapists and counselors. Inpathy also offers 24/7 technical support and support finding and scheduling an appointment with a provider through their support line (1.800.442.8938).

Is referral from patient's PCP? ☐ Yes ☐ No (please explain): _____

Referring Provider Information

Referring provider's name (Last, First, Degree):	Practice name:	Office phone:
Office address:	Office email:	Office fax:
City, state, zip code:	NPI number:	Primary specialty:

Patient Information

Patient last name:	Patient first name:	Date of birth (mm/dd/yyyy):	Gender (male, female, other):
Address:		Home phone (with area code):	Cell phone (with area code):
City, state, zip code:		Primary email:	
If minor, name of parent/caregiver/guardian and relationship:		Language if not English:	

Services requested: ☐ Psych evaluation ☐ Med management ☐ Therapy/counseling ☐ Other: _____

Workers Compensation (Optional)

Work related? ☐ Yes ☐ No	If "Yes," date of injury:	Employer name:
Carrier name:		Carrier address:

Insurance Information

Insurance and plan name:	Group number:	Prior authorization number (optional):

Is patient is willing to pay out-of-pocket? ☐ Yes ☐ No ☐ Maybe (explain): _____

Form completed by: _____
Phone: _____ Fax: _____ Email: _____

Inpathy Support Line
1.800.442.8938