



# Modern ECT Referral Form

Please contact the ECT Nurse Manager w/questions:

Phone: 208-202-4491 | Cell: 208-751-2374

**To be completed by the referring provider or staff and faxed to 208-922-7184**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender:  M  F  Other: \_\_\_\_\_

Email: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_ Subscriber number: \_\_\_\_\_

Group number: \_\_\_\_\_ Name and DOB of subscriber: \_\_\_\_\_

Referring provider: \_\_\_\_\_

Referral Office: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Provider signature**

**Date**

Current **Medical** provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current **Medical** issues: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Current **Psychiatric** provider: \_\_\_\_\_ Phone: \_\_\_\_\_

ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

**To make a complete referral, please provide copies of all of the following & fax to 208-922-7184**

- Current H&P
- Most recent labs and/or EKG
- Recent Progress Notes
- Current Psych Eval
- Current Medications
- Pharmacy: \_\_\_\_\_

Please list all past medications trialed (including duration of trial and max dosing, is possible):

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For benefits/eligibility verification and to begin the intake process, please contact:

Cottonwood Creek Wellness Center  
Interventional Psychiatric Services: 208-202-4732

