

**inspire**  **HEALTH PSYCHIATRY**  
MEDICAL GROUP

2210 E. Illinois Avenue, Suite 401 · Fresno, CA 93701  
Phone 559.320.0580 · Fax 559.320.0582 · *inspirehealth.org*

**Referrals can be made by faxing this form or calling the office.**

Date \_\_\_\_\_ Number of Pages \_\_\_\_\_

*First Available Physician*

Craig Campbell, MD

Karen Kraus, MD  
*Child & Adolescent Psychiatry*

Nicholas Betchel, DO  
*\*Please contact office regarding*

Referring Physician \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

PCP (if different from referring) \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
*(if patient is a minor)*

Diagnosis \_\_\_\_\_

Insurance \_\_\_\_\_

**Please have patient/guardian call us to schedule an appointment at 559.320.0580.**

**REQUIRED PATIENT INFORMATION**

- Copy of Referral
- Copy of Insurance Card/Demo Sheet
- Last Chart Notes
- Lab Results

*Thank you very much for referring your patient to our office.*

\*\*\*\*\* INTERNAL USE ONLY \*\*\*\*\*

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_ Contact Person: Lisa Gonzales