

University | Psychiatry Associates

In affiliation with UCSF Fresno

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

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

Date _____ Number of Pages _____

First Available Physician

Karen Kraus, MD
Child & Adolescent Psychiatry

Betty Liao, PhD

For appointments with
Betty Liao, PhD, only
call: **559.499.6689**

Cash pay only

Craig Campbell, MD

Nicholas Betchel, DO
**Please contact office regarding
referral availability.*

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