

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*

☐ 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