



**Sunshine**  
Family Psychiatry

**Referred To:**

Dr. Pradeep Tatagari, MD, Psychiatrist, NPI: 1467614610  
1800 Teague Dr, Sherman, TX, 75090  
Ph.: 469-526-3474 Fax: 469-526-5628

**Physician Referral Form**

Referring Physician Information

Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Practice/Hospital: \_\_\_\_\_

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

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

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

Patient Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Care Physician (If Different): \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Insurance Information

Insurance Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Member ID: \_\_\_\_\_ Subscriber Group No. \_\_\_\_\_

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

Reason for Referral

Referral No. \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Reason: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Visits Allowed: \_\_\_\_\_ Priority: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Attach and Send any relevant clinical Notes:**

- Demographics
- Medication Lists
- Health Insurance Card
- Exams Notes
- Lab Reports
- Other

**Referring Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_