Patient referral form

Complete electronically or print. Fax completed form to 509-769-5070.

Nury Quevedo, MSN, ARNP, PMHNP-BC | English & Spanish
1912 N Division St, Suite 101, Spokane, WA 99207
Phone: 509-255-3787 | Referral fax: 509-769-5070

Patient full name

Date of birth

Patient / guardian phone

Safe contact / voicemail instructions

Parent / guardian, relationship (if applicable)

Preferred language

Referring clinician / organization

Referral date

Referrer phone

Referrer fax

Requested service / reason for referral / relevant concerns

Relevant medications, treatment history, records attached, and care coordination needs

Now accepting new cash-pay patients. Call to confirm age/service fit, availability, and fees.
Include relevant records only, with any required consent or authorization.
Referral does not guarantee acceptance or an appointment. This form is not monitored for emergencies.
For an immediate emergency, call 911. Do not email completed forms or patient records.