

West Virginia University Robert C Byrd Health Sciences Center – Charleston Division

Department of Behavioral Medicine & Psychiatry

3200 MacCorkle Ave, SE, 5th floor, Charleston, WV 25304

Phone (304) 388-1000 Fax (304) 388-1031

REASON FOR REFERRAL: DECC / Eating Disorder

Requesting Physician: Dr. Jessica Luzier (DECC Clinical Director)

Patient Demographics

Patient's Name: _____ DOB: _____ SSN: _____

Parent/Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell #: _____

Insurance Information

Primary Insurance: _____ ID# _____

Secondary Insurance: _____ ID#: _____

Cardholder's Name and DOB (if different from patient): _____

Referring Physician Information

Physician Name: _____ NPI# _____

Address: _____

Office contact person: _____ Phone # _____ Fax # _____

Reason for Referral / History

***Please attach records pertaining to the reason the patient needs an appointment FAXED to us with this referral form. Please have copy of insurance card faxed with this information.**

*** We will contact patient with an appointment as soon as one is available.**