

Psychiatry Transfer of Care Request

If you would like to transfer your psychiatric medication management care to a new Nystrom & Associates provider, a transfer request must be completed. The following form must be completed by either the patient, or the patient's legal guardian (if applicable). Once your request has been processed, we will contact you to inform you of the outcome.

Please note the following:

- Patients are only permitted one transfer of care request while receiving psychiatric medication management services at Nystrom.
- If transferred, your new provider will review your treatment plan and may or may not make changes, according to their clinical judgement.
- It is important that you and your new provider are able to come to agreement on a treatment plan. If this is not possible, we recommend you seek care elsewhere. Regardless of outcome, you will be billed for the appointment.

1. Is this form being completed by the patient or a legal guardian?

If being completed by a legal guardian, please provide the legal guardian's name and phone number.

Legal Guardian's Name:

Legal Guardian's Phone Number:

2. Please enter the patient's information.

Patient's First Name:

Patient's Last Name:

Date of Birth:

Patient's Phone:

Current Psychiatric Medication Provider:

3. Please explain in detail why you are requesting to transfer care to a new psychiatric medication management provider. Generic statements such as "not a good fit" will not be accepted.
