

### Psychiatry Transfer of Care Request Form

If you would like to transfer your Psychiatric Medication Management care to a new Nystrom & Associates provider, please complete and return this form. This form needs to be completed by the patient's Legal Guardian, which may be someone other than the patient. If you have a Legal Guardian, they must be the one to complete this form and must be present for all Intake appointments. Completed forms can be uploaded to our website, mailed to your current provider's clinic, or dropped off at any Nystrom location. We will contact you to let you know the outcome of this request.

Please note the following: Patients are permitted only 1 Psychiatric transfer of care request while receiving Psychiatric Medication Management services at Nystrom. Your new provider will review your treatment plan and may or may not make changes, according to their clinical judgement. Your new provider may not agree to provide care to you if you cannot agree on a treatment plan, in which case we will recommend you seek care elsewhere. You will be billed for an Intake appointment.

Date: \_\_\_\_\_

If form completed by patient's Legal Guardian, please write your name here: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Current Psychiatric Medication Provider: \_\_\_\_\_

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:

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