

Trellis Pathway

Authorization Letter for New Patient Referral

Required when the patient is currently engaged in mental health treatment with another provider. This letter authorizes Trellis Pathway to evaluate and treat the named patient and confirms there is no duplication of care concerns.

PATIENT INFORMATION

Patient legal name

Date of birth (MM/DD/YYYY)

Patient phone

REFERRING PROVIDER (psychiatrist / prescriber)

Provider full name & credentials (MD/DO/NP/PA)

Practice / clinic name

Medical license # (state)

NPI #

DEA # (if controlled substances)

State of license

Office phone

Office fax

Office email

AUTHORIZATION & ATTESTATION

I, the undersigned licensed prescribing provider, am the current treating mental health provider for the patient named below. I authorize Trellis Pathway and its clinicians to evaluate the patient and, if clinically appropriate, to initiate the treatment(s) the patient is being referred for (including but not limited to ketamine infusions, Spravato, TMS, medication management, and psychotherapy). I confirm that I have reviewed the patient's current medication list (attached) and that I am aware of and support this referral.

1. I am the current prescriber of psychiatric medications for this patient (or the most recent prescriber).
2. The attached medication list is accurate to the best of my knowledge as of the date signed.
3. I authorize bidirectional release of information between my practice and Trellis Pathway for the purpose of coordinating this patient's care.
4. I understand the patient may continue to follow with me for ongoing psychiatric medication management, or transition care to Trellis Pathway, per the patient's preference and clinical recommendation.

Patient's current medication list is attached (required).

SIGNATURE

Provider signature

Date (MM/DD/YYYY)

Please attach the patient's current medication list (name, dose, frequency, prescriber, start date when known). Submit the completed letter and medication list with the patient's registration packet to Trellis Pathway.

Submit to: Trellis Pathway - admin@trellispathway.com