



Referral Instructions

Secure Fax for Confidential Information:

 Fax: (984) 888-8456

(Use this for therapy notes, evaluations, or anything containing private health information.)

Email for Non-Confidential Information:

 Email: janie.ugwuegbu@promisedhopepsychiatry.com

(Use for general updates, scheduling coordination, or “We sent you a fax” notices.)

Phone for Urgent Concerns or Questions:

 Phone: (919) 229-9453

How to Send a Referral:

1. Gather any relevant information (therapy notes, evaluation summaries, or simply patient name and contact info).
2. Fax all confidential material to the number above.
3. For non-confidential follow-ups, email or call.
4. That’s it – no additional forms required.

An optional fax referral sheet is available for your convenience – please contact us or visit our website if you’d like a copy.

Let’s Partner for Better Care

 Phone: (919) 229-9453

 Fax: (984) 888-8456

 Email: janie.ugwuegbu@promisedhopepsychiatry.com

 Website: www.promisedhopepsychiatry.com





Referral Fax Cover Sheet & Form

Date: _____

Pages: ___ (including cover)

FROM:

Name: _____

Title/Role: _____

Organization: _____

Phone: _____

Fax: _____

Email: _____

TO:

Janie Ugwuegbu, PMHNP-BC, APRN, MSN, BSN, BA

 Phone: (919) 229-9453

 Fax: (984) 888-8456

 Email: janie.ugwuegbu@promisedhopepsychiatry.com

 Website: www.promisedhopepsychiatry.com

CONFIDENTIALITY NOTICE

This fax and any attached documents contain confidential medical information intended only for the recipient named above. Unauthorized review, use, disclosure, or distribution is prohibited. If you have received this fax in error, please contact the sender immediately and destroy all copies.



PATIENT INFORMATION

(Please fax with any additional relevant clinical documentation)

Name: _____

Date of Birth: _____ Gender: _____

Phone: _____

Insurance: _____

Reason for Referral:

- Psychiatric Evaluation
- Medication Management
- Other: _____

Brief Clinical Summary/Notes:

Urgency: Routine Urgent