

**REFERRAL FOR TREATMENT
SHIFA HEALTH**

Silver Lake Location

**10333 19TH AVE SE SUITE # 109
EVERETT, WA 98208
Ph: 425-742-4600
Fax: 425-225-6859**

Mount Vernon Location

**1103 Cleveland Ave
Mount Vernon, WA 98273
Ph: 360-336-6868
Fax: 360-336-6866**

Date: ____/____/____

Patient Name: _____ DOB: _____

Patient Phone: _____ Patient insurance _____

Parents Name (if applicable): _____

REFERRED BY: _____ (Thank You!)

Presenting Concern: _____

Service Requested: (check all that apply):

- Psychiatric Assessment
- Psychiatric medication management (for child, adult and geriatrics)
- Psychotherapy (for child, adult and geriatrics)
- Psychological Testing for kids
- Biofeedback
- TMS therapy
- Stress reduction with art and mindfulness

Provider requested if any particular:

Silver Lake Office

Rozina Lakhani, MD MPH Nancy Turner, ARNP
Suzy Dalgarn, ARNP Leif Benjestorf, ARNP
Edward Ebert, ARNP Paula B. Sigafus, PhD
Jessica Gonzales, ARNP Kyle Ozechowski, PsyD

Mount Vernon Office

Rozina Lakhani, MD MPH Nancy Turner, ARNP
Jeff Berger, MD Kyle Ozechowski, PsyD
Dennis Gaither, MD Morgan Randal, MA, LMHC
Edward Ebert, ARNP Sharon Olson, MA, LMHC
Jane Small, ARNP

Comments: _____

Please email coordinator@shifahealth.org or fax this form to our office along with any current chart notes and medication list.

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www.shifahealth.org

www.seattletms.com