ARISE
Psychiatric Medical Group

1500 Haggin Oaks Blvd Suite 202 Bakersfield, CA 93311
Phone (661) 735-3887 | Fax (661) 836-5545

REFERRAL FORM

Referring Provider Details:

Referring Office:	
Provider:	
Phone Number:	
Fax Number:	

Patient Contact Details:

Name & DOB:	
Phone Number:	
Insurance:	
Email:	
Reason for Referral:	

☐ Please check here if the patient/parent consents to receiving their new patient paperwork via email.

Referring to: ☐ Dr. Ma ☐ Dr. Lui ☐ Dr. Eslami ☐ Therapy

Completed by _____