



**Provider Referral Form**

**Referring Provider Information:**

Name of Referring Provider:

Name of Clinic or Practice:

Phone number of Provider or Practice:

Fax Number of Provider or Practice:

Email address of Referring Provider:

**Patient Information:**

Name of Patient:

Date of Birth:

Phone Number of Patient:

**Brief summary of patient and reason for referral:**

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**Please fax this form to Modern Minds at: (833) 358-1254**

Upon receiving this referral, we will call the patient and do an initial screen to see if they are a good fit for the services that we provide. Please let us know if you would like us to contact you with the outcome of this screen and if the patient engages in our clinic. We take great care in trying to pair our clients with the most appropriate care and treatment and ensuring a good fit with the services we offer.

**Modern Minds Overview:** Modern Minds is an innovative mental wellness clinic that specializes in treating working-age adults with concerns related to anxiety and depression, and more broadly, people seeking personal or professional growth. Located in downtown Charleston at 40 Calhoun Street, and in partnership with MUSC Health, Modern Minds uses an integrative model focusing on the whole person and treating both body and mind.

**Please call us with any questions at: (843) 531-9036**