



Fax Cover Sheet

Patient's Name: _____

Date of Birth: _____

Contact information: Home # _____ Cell # _____ Email: _____

Medical Record Number, if available: _____

From: _____

Number: _____

Fax: _____

Check Off List:

- A typed Summary with Information about Diagnosis, Treatment to date, Medication Regimens, etc. and any Questions to be covered by the Mood Disorders Consultation Center (Psychiatrist/Therapist/Counselor/ Treating Provider)
- Admissions & Discharge Summaries from my Prior Psychiatric Hospitalizations
- List of Medications
- Recent Lab Reports
- Any Head CT, Head MRI, or EEG
- Consultation Questionnaire
- Other relevant records:

Send to:

Johns Hopkins Consultation Center:

Attn: Yolanda Bynum Barnes, fax 443-769-1217

For questions, call 443-287-1644

Thank you,