Majestic
HealthCare and Educational Services

609-255-7985
609-255-7985 (Fax)
info@majestichealthcareservices.com
www.majestichealthcareservices.com

Office 2: 1205 State Route 35, Ocean Township, NJ 07712

Office 1: 1346 How Lane, Suite 201, North Brunswick, NJ 08901

MAJESTIC HEALTHCARE SERVICES

Patient Information

Patient Name

Date of Birth

Phone Number

Email Address

Insurance Provider

Insurance ID (Optional)

Reason for Referral

Primary Concern(s):

- ☐ Depression
- ☐ Anxiety
- ☐ ADHD
- ☐ Bipolar Disorder
- ☐ PTSD / Trauma
- ☐ Schizophrenia / Psychosis
- ☐ Mood Disorder
- ☐ Panic Disorder
- ☐ Substance Use Disorder
- ☐ Sleep Disorder
- ☐ Other:

Clinical Information

Current Diagnosis (if known)

Current Psychiatric Medications (if applicable)

Reason for Referral / Clinical Concerns

Appointment Preference

- ☐ First Available
- ☐ Telehealth
- ☐ In-Person
- ☐ No Preference

Additional Comments

Submit Referral

Please fax or email the completed referral form to:

Fax: (848) 800-6826

Email: info@majestichealthcareservices.com