



The Nixon Clinic, LLC  
6414 N Santa Fe Ave., Suite C  
Oklahoma City, OK 73116  
P: (405) 879-3399 F: (405) 260-9669  
[www.NixonClinic.com](http://www.NixonClinic.com)  
*Exceptional People • Exceptional Care*

## Patient Referral Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Parent/Guardian Name (if minor): \_\_\_\_\_

Gender: M F      Age: \_\_\_\_\_      DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of person requesting referral (therapist, PCP, etc): \_\_\_\_\_

Interested in: Medication management      Psychotherapy      Both

Current or past legal history: Y N      Current or past substance/alcohol abuse?: Y N

If yes to either of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

If we are to contact patient for appointment please list contact info:

Phone number: \_\_\_\_\_

Is patient or parent aware we are not contracted with any insurance companies? Yes \_\_\_\_\_ No \_\_\_\_\_

Initial evaluation with Dr. Nixon (90 minutes) is \$400. (\$100 of the \$400 to be paid with credit card at the time appointment is scheduled.) 20 minute follow-up sessions are \$175, 50 minute follow-ups are \$275.