

Patient Referral Form

IMPORTANT NOTICE

This referral form may only be completed by hospital staff or by affiliates of TAMMIRA partner organizations.

Do not refer students who may be experiencing acute psychosis, risk of harm to self (suicidal) or others (homicidal), or an immediate crisis. Instead, please call 988 immediately.

TAMMIRA offers support through psychoeducation and early prevention screenings. Our registered nurses provide education on topics like mental wellness, diabetes management, and medication safety.

Patient's Information

Patient's Full Name _____

Date of Birth _____

Grade _____ Patient ID _____

Email Address _____

Phone Number _____

For identification purposes, please attach a scanned copy of the student's photo ID. If you don't have a photo at this time, please email one to wellness@tammira.com and write Student Photo ID in subject line.

Insurance Information

☐ No Insurance ☐ Private Insurance ☐ Medi-Cal ☐ Out-of-Pocket ☐ Don't know

*Uninsured patients can still participate in live group events

Parent or Legal Guardian Contact

Full Name _____

Email Address _____

Phone Number _____

Residential Address _____

Relationship to Child _____

Preferred Language _____

Emergency Contact Name _____ Phone Number _____

Hospital Information

Hospital Name _____

Hospital Address _____

Hospital Emergency Contact Name _____ Phone Number _____



Referrer Information

Your Full Name _____

Your Email Address _____

Phone Number _____

Your Role _____

Who's the best person at the hospital/clinic/organization to contact for follow-up?

Name _____ Phone Number _____

Email Address _____

Please email the referral form to wellness@tammira.com
We'll review and follow up shortly..

IMPORTANT NOTICE

This referral form is not for crisis situations. If the patient is experiencing acute psychosis, homicidal thoughts, or suicidal intent, please call 988 immediately.

