



Dr. Tara Milton, PsyD

Jennifer Zak, LPC

Driftwood Psychological Services Referral Form

Please return completed form to Dr. Tara Milton at drtara@driftwoodpsych.com or fax to 912-574-5995

Date: _____ Provider Name: _____

Patient Name: _____ Gender: _____ D.O.B.: ____/____/____

Parent/Guardian Name: _____ Relationship: _____

Contact Number: (____) ____-____ Alternate Contact Number: (____) ____-____

E-mail: _____

Insurance Information:

Insurance Provider: _____

Policy or I.D. Number: _____

Group Number: _____

Policy Holder's Name: _____

Policy Holder's D.O.B.: ____/____/____

Relationship to Patient: _____

Reason for Referral: