

Adolescent & Young Adult Medicine, P.S.

James H. States M.D.

P.O.Box 12257 • Olympia, WA 98508

Telephone: (425) 646-0804 • Fax: (206) 202-1985

Consultation Request Form

Date: _____

Patient Information

Name: _____

Insurance: _____

Id#: _____

Group#: _____

From Requesting Physician:

(Name) _____

(Address) _____

(Phone) _____

(Fax) _____

To: Consultant / Specialist

Dr. James States

Adolescent & Young Adult Medicine, PS

P.O.Box 12257

Olympia, WA 98508

Phone (425) 646-0804

Fax (206) 202-1985

Consultation request: diagnosis and treatment for the following reasons.

Eating Disorder ADHD Anxiety Depression Bipolar Disorders

Others (please specify):

Requesting Physician Signature: _____

Pertinent patient history, physical, labs or imaging. May be faxed to Dr States at 206-202-1985