

**Physician Referral to UCLA for  
Second Opinion Consultation with Dr. Cook**

To: Ian A Cook MD DFAPA  
UCLA Depression Research and Clinic Program  
760 Westwood Plaza, Los Angeles, CA 90024-1759  
phone 310-825-0304 || fax 310-825-7642

From: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_  
Referring Physician's NPI # \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Patient being referred:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ phone \_\_\_\_\_

Diagnosis:

- 296.2\_\_ Major Depressive Disorder, single episode
- 296.3\_\_ Major Depressive Disorder, recurrent
- 300.4 Dysthymic Disorder
- 311 Depressive Disorder Not Otherwise Specified
- other (specify): \_\_\_\_\_

Consultation question:

- evaluate for diagnostic confirmation and treatment recommendation(s)
- other (specify): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ date \_\_\_\_\_

*Please fax this form to 310-825-7642.  
We will then call your patient at the number you indicated  
to schedule an appointment and collect insurance information*