



Referral Form

Name (legal as identified to insurance):
Preferred name if different:

Gender (legal as identified to insurance):
Preferred Gender Identification and pronouns:

Date of Birth:

Current Address:

Legal Guardian if applicable:

Phone Number:
Can we leave a message (yes or no): number

Email
Can we email (yes or no):

Person making the referral and relationship to client:

Reason for referral (presenting challenges):

Any previously known diagnosis:

Strengths and interests:

Any physical, medical, emotional or cognitive needs important to note prior to intake:

Insurance Information:

- **Insurance Company:**
- **Subscriber #:**
- **Group # (if applicable):**
- **Relationship of client to subscriber:**
- **Subscriber name/dob if different then client:**
- **Address of subscriber if different then above:**
- **Phone number for behavioral health benefits (usually found on back of card):**