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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL SOURCE** | | | | | | | | | | | | | | | | | | | | |
| **AGENCY** |  | | | | | | | | | **PHONE** | | |  | | | | | | | |
| **Person Completing** |  | | | | | | | | | **EMAIL** | | |  | | | | | | | |
| **CLIENT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **LAST NAME** | |  | | | | | | | | | **FIRST NAME** | | | | |  | | | | |
| **DATE OF BIRTH** | |  | | | | | | | | | **GENDER** | | | | |  | | | | |
| **SOCIAL SECURITY #** | |  | | | | | | | | | **MEDICAID #** | | | | |  | | | | |
| **Race** | |  | | | | | | | | | **LANGUAGE REQUIRED** | | | | |  | | | | |
| **GUARDIAN NAME** | |  | | | | | | | | | **GUARDIAN RELATIONSHIP** | | | | |  | | | | |
| **CLIENT’S ADDRESS** | |  | | | | | | | | | **CELL PHONE** | | | | |  | | | | |
|  | | | | | | | | | **HOME PHONE** | | | | |  | | | | |
|  | | | | | | | | | **WORK PHONE** | | | | |  | | | | |
|  | | | | | | | | | **EMAIL** | | | | |  | | | | |
| **Insurance Type** | | Medicaid  Self Pay Other: | | | | | | | | | | | | | | | | | | |
| **Insurance ID#** | |  | | | | | | | | | | **Insurance Name:** | | |  | | | | | |
| **Name of School/Employer** | |  | | | | | | | | | | **Insurance Phone #** | | |  | | | | | |
| **PRESENTING CONCERNS COMMENTS** Attach **/** additional sheets and / or supporting documentation as deemed necessary. | | | | | | | | | | | | | | | | | | | | |
| **REASON FOR REFERRAL** | | Physical Aggression Runaway Tantrums Lying  Verbal Aggression Property Destruction Truancy Sexually Acting Out  Non-Compliance Disruptive Behavior Stealing Self-Injury/Suicidal  Language delayed Developmental disability Autistic/ASD Alcohol/Drug Problem  Depression Anxiety Self Care Toileting  **Other:** | | | | | | | | | | | | | | | | | | |
| **PATIENT AWARE OF REASON FOR REFERRAL? IF NOT, PLEASE EXPLAIN.** | | | | | | | | | | | | | | | | | | | | |
| **SERVICE / SPECIALTY REQUESTED** | | **Behavior Analysis**  **Counseling** | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL COMMENTS** | |  | | | | | | | | | | | | | | | | | | |
| **For Admin Use Only** | | | | | | | | | | | | | | | | | | | | |
| **AUTHORIZATION REQUIRED?** | | |  | **YES** |  | **NO** | **AUTH #** |  | | | | | | **# OF VISITS** | | | |  | **AUTH EXP. DATE** |  |
| **Copay / Auth Notes** | | |  | | | | | | | | | | | | | | | | | |
| **Assigned to:** | | |  | | | | | | | | | | | | | | | | | |
| **Date Received:** | | |  | | | | | | **Date Assigned:** | | | | | | | |  | | | |