



CLIENT REFERRAL FORM

Please include the following documents:

- Copy of any relevant office visit notes pertaining to referral reason
- Copy of Insurance Cards, including secondary/tertiary if applicable (front and back)

Date: _____

Client's Name: _____ **Sex:** _____ **Age:** _____

Date of Birth: _____ **SSN:** _____ **Race:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name (s) _____

Phone (h) _____ **(w)** _____ **(cell)** _____

Name of physician/organization making the referral: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax** _____ **Contact Person** _____

Outside agency involvement: DJJ DSS Court/Legal Other _____

Primary Insurance Company _____ **Policy ID#** _____

Policyholder's Name _____ **Pt./Policyholder Relationship** _____

Policyholder's SSN _____ **Policyholder's Date of Birth** _____

Secondary Insurance Company _____ **Policy ID#** _____

Policyholder's Name _____ **Pt./Policyholder Relationship** _____

Policyholder's SSN _____ **Policyholder's Date of Birth** _____

Reason for Referral:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Grief & Loss |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Custody | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Relationship Distress |

Other: _____

Additional Information: _____

PLEASE NOTE: Clients who are referred to SouthernMED Counseling will need to complete their Intake Paperwork, which is available on our website, before they will be contacted to schedule their initial appointment. Our team will also reach out to referred clients to provide instructions on completing the packet and initiating the scheduling process.