Referral Information

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| **Client Name:** |  | **Pronouns:** |
| **DOB** |  |
| **Home address:** |  |
| **Parent or Guardian:** |  |
| **Email:** |  |
| **You may email me:** | (\_) Yes (\_) No |
| **Home phone:** |  |
| **Mobile phone:** |  |
| **If you are unable to reach me:** | (\_) You may leave a detailed message (\_) Please leave a message asking me to return your call  (\_) You may text me  |
| **Insurance:** |  |
| **Insurance policy number:** |  |
| **Policy holder name:** |  |
| **Policy holder DOB** |  |
| **Relationship to policy holder:** |  |
| **Availability:** |  |
| **Telehealth:** | (\_) Yes (\_) No |
| **In Person:** | (\_) Yes (\_) No |
| **Referral source:** |  |
| **Reason for referral:**Please indicate type of therapy:Individual, Couple, Family |  |

Please send completed forms to BBC intake at Mrebelo@blackbirdcounseling.net or by fax