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](mailto:Mrebelo@blackbirdcounseling.net) or by fax