

How to Complete Our Referral Form

Referral Date:	The date the client or provider is completing the form
Referral Source:	Person referring the client For clients, indicate SELF For Provider, list the referring provider For Schools, list the name of the school For Other Referrals, list the name of the person making the referral
Client Name	Legal First and Last Name
Client DOB	Client Date of Birth
Client Age	Age of client
Client Gender at Birth	Client gender at the time of birth
Client Gender Identity	If client identifies with gender that differs than gender at birth, please list
Guardian Name	If applicable
Contact Number	Phone number that client can be contacted
Email address	Optional
Physical Address	Address client currently resides
Emergency Contact	Name of emergency contact for client
Emergency Contact Phone	Phone number for Emergency contact listed
Insurance Information	Client insurance information
Preferred Clinic Location	Client's preference of choice
Reason for Referral	A brief description of why the client is being referred Examples include counseling, medication management, etc.
Upload Client Information	Any documents that support the referral, such as a referral packet
Upload Additional Information	This could include insurance information, photo ID, etc.