



New Start Recovery

Addiction Wellness Clinic

600 W. Tunnel Blvd.
Houma, LA 70360

Phone: (985)223-4009
Fax: (985)223-7002

Treatment Referral Form

Thank you for your referral. Our agency will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client. Have the client contact us or we can contact the client to schedule an appointment.

Referral Date: _____	Referral Contact Phone: _____	Referral Fax: _____
Referral Source (Name and Agency) _____		
Referral Address: _____		

Client Name: _____	Date of Birth: _____	Gender: _____
Ethnicity: _____	SS# _____	Medicaid #: _____
Residing with (name and relationship): _____		
Address: _____		
Contact Home Phone: _____	Contact Alternate Phone: _____	
Other Important Contact Information (e.g., biological family): _____		
Other Important Phone Numbers: _____		

Presenting Concerns/Comments (attach additional sheets as necessary): _____
Diagnosis (if known): _____
Referral Services Requested (check all that apply):
<input type="checkbox"/> Pre-Treatment Assessment <input type="checkbox"/> Family/Couples Therapy <input type="checkbox"/> Court/Legal Referral <input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> IOP Treatment <input type="checkbox"/> DOT Referral <input type="checkbox"/> Pre-Treatment Assessment
<input type="checkbox"/> Chemical Dependency Evaluation <input type="checkbox"/> Employee Referral <input type="checkbox"/> Parenting/Bonding Assessment

Type of Insurance:			
<input type="checkbox"/> AmeriaHealth	<input type="checkbox"/> Louisiana Medicaid	<input type="checkbox"/> United Health Care Community Plan	<input type="checkbox"/> Aetna Better Health
<input type="checkbox"/> Healy Blue	<input type="checkbox"/> United Health Care	<input type="checkbox"/> LA Healthcare Connections	<input type="checkbox"/> Aetna
<input type="checkbox"/> Humana	<input type="checkbox"/> Gillsbar	<input type="checkbox"/> Blue Cross/Blue Shield	<input type="checkbox"/> Other: _____
Policy #: _____	Group #: _____	Phone #: _____	

"We strive to improve the quality of life for individuals and families by helping them find acceptance, guidance, and hope while providing professional services in a highly confidential and comfortable setting."