



McDowell Healing Arts Center, LLC

3253 Congress Ave. Saginaw, MI 48602
2387 S. Linden Rd., Suite 138, Flint, MI 48532
OFFICE (989) 475-4171 FAX (989) 393-6021

REFERRAL FORM

*Mental & Behavioral Health Counseling for
Children, Teens, Adults, Families, Couples, & Groups*

Please fill out all that you can. Client's name and a way to contact them is a must.

Name of Person Making Referral: _____

Organization Making Referral: _____

Role of Person Making Referral: _____

Is this a "Step down" in services: _____ Is this court ordered: _____

Client Name: _____

Address: _____

D.O.B _____ Age: _____ Sex: _____

Responsible Party: _____

Relationship: _____ Telephone#: _____

Primary Care Physician: _____

Insurance: _____

Contract#: _____ Group #: _____

Policy Holder: _____

Policy holder D.O.B: _____ Employer: _____

Medical Problems: _____ Substance Abuse: _____

Recent Hospitalization: When? Where? _____

Previous Mental Health Treatment: When? Where? _____

Current Medications: _____

Current Problems/Symptoms or Any additional Information :

*This form can be either emailed to a secured email to be retrieved by our staff @ admin@mhacenter.com or faxed via a secured fax at (989) 393-6021. *

Referred patients are always called within 24 hours of receipt of fax or email during standard business days, to schedule intake appointment.