YOUniversal Growth

REFERRAL FOR SERVICES

GLOBAL HEALTH OPTIONS
5570 STERRETT PLACE
COLUMBIA,MD 21044

PHONE:1-877-621-1640. EMAIL: THERAPY@GLOBALHEALTHOPTIONS.COM

Date:_____. Referring Agency:_____

Referral Source & Relation to Consumer:_____

Referral Source Phone:_____Referral Source Email:_____

Which service(s) are you referring this individual:
___Individual Therapy. _____Family Therapy. ___Men's Group ___Anger Management

Briefly describe consumer's needs:

Consumer Name: **First_____** **Last_____**	**Gender** **___Female** **___Male**	**Date of Birth:** **_____** **SSN #** **_____**	**Medicaid # (11 digits)** **:_____**
Home Address	Home Phone_____ Cell Phone_____	Consumer Speaks __English __Spanish __Other	Race: ___White. ____Black ____Asian. ___Indian ____N/A. ____Pacific islander
Name of Insurance (i.e. Amerigroup, UHC)	Living Situation: ___Private residence ___Foster Home ___SHelter	Marital Status __SIngle __Married __Seperated ___Divorced	Employment Status ___employed ___unemployed ___retired ___student ___disabled
Arrests: Number in last 30 days? _____	Is Consumer on Medication? _____	How did you hear about us? _____	Other Contact (Parent/ Guardian for minor_____
			Contact phone_____

Office use only

Effective Date:_____Verification and Auth Obtained by _____on _____