600 W. Tunnel Blvd.
Houma, LA 70360

New Start Recovery
Addiction Wellness Clinic

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):

☐ **Pre-Treatment Assessemnt**	☐ **Family/Couples Therapy**	☐ **Court/Legal Referral**	☐ **Psychological Evaluation**
☐ **Individual Therapy**	☐ **IOP Treatment**	☐ **DOT Referral**	☐ **Pre-Treatment Assessment**
☐ **Chemical Dependency Evaluation**		☐ **Employee Referral**	☐ **Parenting/Bonding Assessment**

Type of Insurance:

☐ **AmeriaHealth**	☐ **Louisiana Medicaid**	☐ **Untied Health Care Community Plan**	☐ **Aetna Better Health**
☐ **Healty Blue**	☐ **United Health Care**	☐ **LA Healthcare Connections**	☐ **Aetna**
☐ **Humana**	☐ **GIlsbar**	☐ **Blue Cross/Blue Shield**	☐ **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 confidental and comfortable setting.***"