



# COUNSELING REFERRAL

Insurance accepted: Husky/Medicaid; Anthem; Aetna; Cigna, United, Self-pay

Please select the type of counseling:

- ☐ **Telehealth Counseling** via secure video (Statewide)
- ☐ **N HOME** Counseling (For Child & Family Only)
- ☐ **IN OFFICE** Counseling (in **Cheshire**)

**DATE OF REFERRAL:** \_\_\_\_\_

**NAME OF PERSON MAKING REFERRAL:** \_\_\_\_\_

**Telephone number of person making referral:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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**PLEASE ATTACH A COPY OF A SIGNED RELEASE OF INFORMATION**

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**REFERRAL FOR:**

- ☐ **INDIVIDUAL COUNSELING**
  - ☐ **SUPPORTIVE PARENTING: A Future without Violence (7 Sessions) Adults**
  - ☐ **BEYOND ANGER: A Pathway to Healing (7 Sessions) ages 16 & up**
  - OTHER:** \_\_\_\_\_
- ☐ **FAMILY COUNSELING**

**NAME OF CLIENT:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**Insurance Type: Husky/Medicaid or Private:** \_\_\_\_\_ **Insurance ID #** \_\_\_\_\_

**ADDRESS WHERE CLIENT LIVES:** \_\_\_\_\_

**Contact information (name, telephone number & email if available) where client lives:**

\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN NAME:** \_\_\_\_\_

**GUARDIAN Telephone:** \_\_\_\_\_

**GUARDIAN EMAIL(if applicable):** \_\_\_\_\_

**ANY ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For More information: [www.ctkidsmatter.com](http://www.ctkidsmatter.com)

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