NEXUS COUNSELING CENTER

Referral Form

Please Fax to **575.267.6228** or email to:
info@nexuscounselingcenter.com

350 El Molino Blvd Las Cruces, NM 88005
Phone: 575-323-8900 Fax: 575-267-6228

Referring Provider/Case Worker

Date: ____________________

Referral Source: ________________________

Name/Title: ____________________________

Phone: _________________________________

Requested Services:

______ In-person Services

______ Telehealth

______ Spanish Speaking Therapist?

_______ Comprehensive Community Services Support

CCSS Services for approved Medicaid clients only

Client Information: *You may include a client demographic sheet in addition- no need to fill this portion out.*

Name: ____ DOB: _______________________ Age: __________

Insurance Provider: ____________________________ Member ID #: _______________________________________

Group #: ____ Phone #: ____

Email Address: ____________________________________

Legal Guardian:

Name: ____ Relation to Client: ___________________________________

Phone: ____ Email Address: ______________________________________

Reason for Referral:

______ Legal Involvement - Charged with: ____

______ Problem Sexual Behavior-Describe: ____

______ Physical Aggression ______ Verbal Aggression ______ Academic Issues _______ Anger Issues

______ Running Away _______ Truancy _______Family Conflict ________ Negative Peer/Gang Involvement

______ Depression ________ Suicide _______ Eating Issues ________ Relationship Issues

Status of Living Situation at time of referral: ________ At home with Caregiver _______ Shelter

_______ Detention Center _______ Residential Treatment _______ Other Family Members ________

Other/ Please Explain: ____

____

Name(s) of Other Family Members to Include (if any):

Name____ Relationship_________________________________ Age: _______

Name____ Relationship_________________________________ Age: _______

PLEASE NOTE:

DO WE NEED TO GET BACK WITH REFERRAL SOURCE FOR ANY REASON?

______ Yes ______ No

If yes, a signed authorization to release health information must be included.