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| --- | --- |
| Clients First Name **\*** |  |
| Clients Last Name **\*** |  |
| Date of Birth **\* (mm-dd-yyyy)** |  |
| Street Address**\*** |  |
| City, State & Zip**\*** |  |
| Parents Name **(if Client under 18)** |  |
| Phone **\*** |  |
| Insurance Carrier **\*** |  |
| Secondary Insurance |  |
| ID Number |  |
| OK to Leave Message **\*** | Yes  No |
| Method of Contact **\*** | HALO to call Client   Client to call HALO |
| Location Preference (\*availability limited) | Canaan  Lebanon  Northfield, VT\* |
| Alternate Location Choice (\* availability limited) | Canaan  Lebanon  Northfield, VT\* |
| Reason for Referral **\*** |  |
| Does client have any have any current or historical concerns with substance use? **\*** | Yes  No |
| If yes, please explain\* |  |
| Referral Source **\*** |  |
| Referral Contact\* |  |
| Referral E-Mail **\*** |  |
| Referral Phone **\*** |  |