

Professional Referral Form

(* required info)

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 *	<input type="radio"/> Yes <input type="radio"/> No
Method of Contact *	<input type="radio"/> HALO to call Client <input type="radio"/> Client to call HALO
Location Preference (*availability limited)	<input type="radio"/> Canaan <input type="radio"/> Lebanon <input type="radio"/> Northfield, VT*
Alternate Location Choice (* availability limited)	<input type="radio"/> Canaan <input type="radio"/> Lebanon <input type="radio"/> Northfield, VT*
Reason for Referral *	
Does client have any have any current or historical concerns with substance use? *	<input type="radio"/> Yes <input type="radio"/> No
If yes, please explain*	
Referral Source *	
Referral Contact*	
Referral E-Mail *	
Referral Phone *	

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