

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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