



McDowell Healing Arts Center, LLC

3253 Congress Ave. Saginaw, MI 48602
2387 S. Linden Rd., Suite 138, Flint, MI 48532
OFFICE (989) 475-4171 FAX (989) 393-6021

REFERRAL FORM FROM A MEDICAL PROVIDER

*Mental & Behavioral Health Counseling for
Children, Teens, Adults, Families, & Couples*

Referring Office/Physician: _____

Client Name: _____

Address: _____

D.O.B _____ Age: _____ Sex: _____

Responsible Party: _____

Relationship: _____ Telephone#: _____

Primary Care Physician: _____

Insurance: _____

Contract#: _____ Group #: _____

Policy Holder: _____

Policy holder D.O.B: _____ Employer: _____

Medical Problems: _____ Substance Abuse: _____

Recent Hospitalization: When? Where? _____

Previous Mental Health Treatment: When? Where? _____

Current Medications: _____

Present Problems/Symptoms: _____

Any additional information :

*This form can be either emailed to a secured email to be retrieved by our staff at admin@mhacenter.com or faxed via a secured fax at (989) 393-6021. *

Referred patients are always called within 24 business hours, after received fax or email, in order to schedule an intake appointment.