artisan
COUNSELING

Referring Agency Form

Date:		**Referral Source** (Agency/Person)**:**	
Phone Number:		**Address:**	
Fax Number:			
Email Address:			

Client Information

Client's Name:		Date of Birth:	
Social Security Number:		Gender:	
Age:		Ethnicity:	
Address:		Phone Number:	
		Work Phone:	
		Email Address:	

Reason for Referral

☐	Individual Counseling	☐	Couples Counseling	☐	Family Counseling	☐	Group Counseling

Brief Description of Reason for Referral:

Billing Information (If applicalbe)

Primary Insurance Company:			
Policy Number:			
Name of Insured:		Phone Number:	
Does client have any other form of insurance?	☐ Yes	☐	No

Signature of Referring Provider:		Date:	
Print Name of Referring Provider:		Date:	