ABLE Clinical Services Inc.

Achieving Balanced Life Effects

100 N. Church St. Ste. B
Bloomfield, NM 87413

Phone: (505) 333-7219
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Mental Health Services Referral Form

Thank you for your referral. Our agency will contact you to confirm that the referral has been received. Please discuss the nature and intent of this referral with your client. We will contact the clients guardian to schedule an appointment.

Referral Date: _____ Referral Contact Phone: _____ Referral Fax: _____

Referral Source (Name and Agency) _____

Referral Address: _____

Client Name: _____ Date of Birth: _____ Gender: _____

Ethnicity: _____ SS# _____ Medicaid #: _____

Residing with (name and relationship): _____

Address: _____

Contact Home Phone: _____ Contact Alternate Phone: _____

Other Important Contact Information (e.g., biological family): _____

Other Important Phone Numbers: _____

Presenting Concerns/Comments (attach additional sheets as necessary):

_____

_____

Diagnosis (if known): _____

Demographic Information: _____

_____

_____

Type of Insurance:

☐ NM Medicaid
☐ Self-Pay
☐ Aetna
☐ BCBS Medicaid
☐ Presbyterian Medicaid
☐ Western Sky Medicaid
☐ BCBS Commercial Plans
☐ True Health NM
☐ Other: _____

Policy #: _____ **Group #:** _____ **Phone #:**_____