

# Creative Counseling

*An individualized and collaborative approach to therapy*

## **REFERRAL FORM**

<b>Date:</b> <input type="text"/>	<b>Referrer:</b> <input type="text"/>
<b>Referrer address:</b> <input type="text"/>	<b>Referrer phone:</b> <input type="text"/>

<b>Client Information</b>	
<b>Name:</b> <input type="text"/>	
<b>DOB:</b> <input type="text"/>	<b>Phone:</b> <input type="text"/>
<b>Address:</b> <input type="text"/>	

<b>Insurance Information</b>	
<b>Insurance carrier:</b> <input type="checkbox"/> Neighborhood Health <input type="checkbox"/> United Health <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Tufts <input type="checkbox"/> Aetna <input type="checkbox"/> Consolidated Health Plan <input type="checkbox"/> Self-Pay	
<b>Insurance group ID:</b> <input type="text"/>	<b>Insurance number:</b> <input type="text"/>
<b>Who is the policy holder? (parent, DCYF, etc.):</b> <input type="text"/>	
<b>First and last name of policy holder:</b> <input type="text"/>	<b>DOB:</b> <input type="text"/>
<b>Address (if different from client):</b> <input type="text"/>	
<b>Reason for referral:</b> <input type="text"/>	
<b>Check all that apply:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family/sibling	