



3820 Packard, Suite 250, Ann Arbor, Michigan 48108
 2483 S. Linden Road, #40, Flint Township, Michigan 48532
 Office - (734) 995-6755 Fax - (734) 557-3995
 Email: changinglives@whitebehavioral.com

CLIENT REFERRAL FACE SHEET

Date of referral: _____

<u>Client Information:</u>	
Name: _____	
DOB: (mmddyyyy) _____	
DOI: (mmddyyyy) _____	
Address: _____ _____ _____	
Phone number(s):	
Home:	_____
Cell:	_____

<u>Guardianship Information (If applicable):</u>	
Name: _____	
Address: _____ _____	
Phone: _____	
Fax: _____	
Email: _____	

<u>Information on prescribing physician</u>	
Name: _____	
Address: _____ _____ _____ _____	
Phone: _____	
Fax: _____	

Who should be contacted to arrange first appointment and what is best contact number?

<u>Insurance Information: (Primary Funder)</u>	
Is auto insurance primary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider: _____	
Claim Number: _____	
Address: _____ _____	
Phone: _____	Fax: _____
Claims Adjuster: _____	
Policyholder's name: _____	

<u>Are there coordinated health care benefits? If so, please provide health insurance information.</u>	
Insurance company: _____	
Policy numbers: _____	
Policyholder's name: _____	
Customer service phone number: _____	

<u>Case Management Services (If applicable):</u>	
Firm: _____	
Address: _____ _____	
Case Manager: _____	
Phone: _____	
Fax: _____	
Email: _____	

Is the client currently in litigation? _____

Why is referral being made?

In the space below, please provide any additional information to begin services (i.e., work, school, family of origin information.)

SUPPORTING DOCUMENTATION

Please indicate which of the following documents are being submitted with the referral.

Please note: All items listed need not be submitted at time of referral, but

A PRESCRIPTION FOR SERVICES MUST BE PROVIDED BEFORE SERVICES CAN BEGIN.

- Release forms for authorizing communications between parties
- Prescription for behavioral therapy services
- Latest neuropsychological examination
- PM&R report (s)
- Therapy report(s)
- Case management report(s)
- Medical reports
- Vocational reports (for work comp claims)
- School reports
- Other: _____
- Other: _____

PLEASE FAX THIS FORM AND ANY RELATED DOCUMENTS TO 734-557-3995, OR EMAIL TO CHANGINGLIVES@WHITEBEHAVIORAL.COM