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| --- | --- |
| http://www.truenorthat499glen.com/Picture_2.png | Diana Palmer, LMFT |

# Counseling Referral Form

## Referral Request

To refer a potential patient, please complete this form and fax it to Diana Palmer, LMFT at True North. Fax: 518-223-0567. This information will help to coordinate services for the client among providers.

## Medical Provider Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practitioner: | |  |  | Date: |  |
| Practice: | |  |  | Address: |  |
| Fax Number: |  | |  | Phone No: |  |

## Referral Information

|  |  |  |
| --- | --- | --- |
| Patient Name: | |  |
| Phone Number: | |  |
| Insurance Information: |  | |
| Mental Health Dx: |  | |

|  |
| --- |
| Why this patient is being referred for counseling: |
|  |

## For Office Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received: |  |  | Date Called: |  |
| Release on file? |  |  | Date Scheduled: |  |