

Referral for Services:

Date of contact: _____ Taken by: _____ Voicemail, email or Live Call?

Contact log: _____

Caller: _____ Relationship to client: _____

Caller Ph #: _____ Email: _____

Client: _____ DOB: _____

Client Ph #: _____ Email: _____

Therapist requested: _____ Referred by: _____

Wait list? Yes No **Another therapist in our office?** Yes No

INFORMATION: "Please give me a brief description of what you are seeking counseling services for":

APPOINTMENTS: "Each therapist schedules their own appointments. What days and times of day are you available to come for appointments?"

Monday Tuesday Wednesday Thursday Friday

COST: "The cost to you for counseling depends on your insurance benefits, or your therapist's fee if you are private-pay. Each therapist sets their own fee for services.

INSURANCE: "Would our office be filing insurance claims for you?" Yes No

Insurance Company: _____

Employer (if insurance is through work): _____

Secondary Insurance: _____

"I will pass this information along and we will be getting back to you soon. **Is it okay to leave a message using the contact information you gave?"** Yes No

Therapist: Rebecca Adam Sarah Carol Cynthia Carl