HARNETT COUNSELING SERVICES, P.C.

1186 N. Main St./PO Box 1921 Lillington, NC 27546
Office 910/814-0909 Fax 910/814-0915

REFERRAL FORM

DATE:

SOURCE? □SELF (prospective client/guardian with no formal referral from agency)
If Self Referred, how did you hear about HCS? ____
□OTHER: Specify ____

CLIENT NAME: ____ **AGE:** ________**DOB:**____________

ADDRESS: ____

CITY: ____ **STATE:** _________________ **ZIP:** ______________

TELEPHONE #: Primary _________________________________ **Secondary:** ________________________________

GENDER: Male Female MARITAL STATUS: _____________ **EMPLOYMENT STATUS:** ________________________

□ N/A
LEGAL GUARDIAN: ____**RELATIONSHIP:** __________________
Address (if different): ____
Telephone # (if different): ____
□ *Informed of necessity of guardian being present during initial assessment & need for guardianship paperwork at first session*

DESCRIPTION OF PROBLEM(S)?
____
____
____
Any thoughts of harming self? YES / NO Any thoughts of harming others? YES / NO

Current Primary Care Provider:____
Current Psychiatrist: □none If yes, list: ____
MH Counseling in the past year? □none □yes Approx. Date Last in Counseling: _________ **Approx. # of sessions this year:**_______
□ *Advised to bring in list of all active/recently discontinued meds*

INSURANCE: □BCBS □Medicaid/Sandhills □Medicaid/Alliance □NCHC □Medicare □Tricare □Private Pay __________
POLICY #: _______________________________
If BCBS/TRICARE: FULL Name of Policyholder/Sponsor: ____
DOB of Policyholder/Sponsor: ______________________
Deductible: ________________________________ **Co-Pay/Co-Insurance:** ____
****NO APPOINTMENT IS TO BE SCHEDULED UNTIL INSURANCE IS VERIFIED***

□*CLIENT/GUARDIAN INFORMED OF MONETARY RESPONSIBILITY & INFORMED THAT PAYMENT IS DUE AT TIME SERVICE IS RENDERED*

FORM COMPLETED/INSURANCE VERIFIED BY:____ **Date:** _____________

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To be completed by HCS Staff:
APPOINTMENT DATE: ____________________________________ ***TIME:*** ______________________
THERAPIST: _____________________________ ***REFERRED BY:*** ___________________________________

NOTES/COMMENTS:____

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