

Fax completed form, medical records
and/or court documentation to:
239-354-1452

 **CLIENT INFORMATION**

Name _____ Gender Male Female
Date of Birth _____ SSN# _____
Phone _____ Home Cell Work
Language English Spanish Creole Other
Insurance _____ Diagnosis _____

 **REFERRING AGENCY / PROVIDER INFORMATION**

Court Ordered? Yes No
Agency Name _____
Primary Contact _____
Phone _____ Fax _____
Address _____
City _____ State _____ Zip _____
Reason for Referral _____

 **INITIAL SERVICE(S) REFERRING FOR** (Please check all that apply)

- Clinical Assessment** This initial appointment with a non-prescribing clinician initiates the therapeutic process. A diagnosis is identified and appropriate treatment recommendations are made including referral and linking to services within or outside of David Lawrence Centers for Behavioral Health. The assessment lasts approximately two hours.
- Psychiatric Evaluation** This is the initial appointment with a prescribing psychiatrist or ARNP and the goal is to prescribe medications. In the majority of cases, a clinical assessment must first be completed prior to referring to the psychiatrist.
- Urine Drug Screen**

Would you like a copy of the client's medical records upon completion of service? Yes No