

CLIENT REFERRAL FORM

Please complete and fax to
Blue Ridge Counseling Center
207-520-2373

Client Name: _____ Date: _____

Date of Birth: _____ Soc.Sec. # _____

Mailing Address: _____

Home Phone _____ Ok to leave a message? Yes No

Cell Phone _____ Ok to leave a message? Yes No

How did you hear about us? _____

Referred by: _____ Phone _____

Client is seeking:

Mental Health Counseling _____ Case Management _____

Substance Abuse Tx _____ Date of last Physical Exam _____

Present Concerns:

- Depression
- Anxiety
- Traumatic Event
- Anger Issues
- Communication Issues
- Substance Abuse

Please provide more detail:

Insurance: Mainecare # _____ Medicare # _____

3rd Party Ins: Company _____ ID # _____

Authorization Number _____

Blue Ridge Counseling Center
32 Main St Livermore Falls, Maine 04254
Office: 207-897-9000 | Fax: 207-520-2373