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| Referer INFORMATION |
| Referring Agency/Clinician: | Today’s date: |
| Street address: | Office Phone: | Office Fax: |
|  | ( ) | ( ) |
| City, State & ZIP Code: | E-mail Address: |
| CLIENT INFORMATION |
| Client’s Full Name:  |  |  | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Sin / Mar / Div / Sep / Wid |
| Street address: | Birth date: | Age: | Sex: |
|  |  / / |  | ❑ M | ❑ F |
| City, State & ZIP Code: | Home Phone: | Alternate phone: |
|  | ( ) | ( ) |
| Is client aware of this referral? ❑ Yes ❑ No   | Is it okay to leave a message? ❑ Yes ❑ No |
| Is client covered by insurance? ❑ Yes ❑ No |
| Please indicate primary insurance: | ❑ Medicaid/MHNet | ❑ Medicare | ❑ MC+ | ❑ Aetna |
| ❑ BCBS | ❑ TriCare | ❑ Healthcare USA | ❑ UHC | ❑\_\_\_\_\_\_\_\_\_\_\_ | ❑ \_\_\_\_\_\_\_\_\_\_\_\_ |
| referraL INFORMATION |
| Reason for Referral: ❑ Diagnostic Evaluation ❑ Assessment ❑ Individual Therapy ❑ Group Therapy ❑ Other Please elaborate |
| Current Diagnosis: ❑ Rule Out? ❑ PTSD ❑ Acute Stress Reaction ❑ Acute Stress DisorderOther current DSM/ICD Diagnoses: |
| Presenting issue(s): ❑ Re-experiencing ❑Avoidance/Numbing ❑ Increased Arousal ❑ Depression Please elaborate and include details pertaining to other presenting issue(s) and functional impairments. |
| referraL INFORMATION continued |
| History: Please include details pertaining to experienced traumatic event if known. Record other relevant biological, physiological, social, substance abuse, or physical health problems.  |
| Risks and co-morbidities: Note any suicidal ideation or intent, plans, means and or risks to others. Note protective factors preventing risks, including family support and any agreed safety plans. |
| Current Medications:Other Services: |
| Other Relevant Information: |
| Please direct referrals to Jennifer Webster via fax (816) 404-5739 or email jennifer.webster@tmcmed.orgPlease include a signed release of information form with your completed referral form.For questions or additional information about our services, please call (816) 404-5878. |