

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