Minette LCSW Psychotherapy

# REFERRAL FORM

| | |
|---|---|
| Client Name: | |
| Parent Name (If client is a minor): | |
| Language (s) spoken: | Client: Parent/ Guardian: |
| Client date of birth: | |
| Address: | |
| Phone Number: | |
| Email address: | |
| Health Insurance Plan: | |
| Reason for Referral:<br>Mark X for all that apply | ☐ Depression ☐ Post Partum Depression<br>☐ General Anxiety ☐ Panic attacks<br>☐ Grief/ Bereavement ☐ Self harming/ Cutting<br>☐ School/ Academic Problems ☐ Behavior Problems<br>☐ Family Conflicts ☐ Domestic Violence<br>☐ Marital Problems ☐ Parenting Issues/ Stress<br><br>☐ Evaluation to rule out Autism for child/teen-age 4-18 |
| | |
| Client has a history of suicidal ideations/ attempts: | ☐ No ☐ Yes: (details) |
| Client has a history of self harming: | ☐ No ☐ Yes: (details) |
| Name of Staff Referring: | |
| Staff Phone Number: | |
| Staff Email Address: | |

***Please email this form with a copy of client's insurance card (FRONT/BACK) to minettetherapy@gmail.com***

**We are In-Network with the following Insurance Plans**

| | | |
|---|---|---|
| **Emblem Health** | **Healthfirst** | **UnitedHealthcare** |
| **Empire Blue Cross Blue Shield** | **Cigna** | **Oscar** |
| **Empire Plan** | **Metroplus** | **Oxford** |
| **Optum** | **Fidelis** | **Anthem Blue Cross Blue Shield** |
| **Aetna** | **Medicaid** | **Medicare** |
| **Humana** | **UMR** | **Health Plans Inc.** |

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