UPREACH INCORPORATED
COMPREHENSIVE PSYCHOLOGICAL SERVICES
P.O. Box 91250 * Atlanta, Georgia 30364
404-526-9304 * 470-237-2396 fax

Referral for Additional Services

Client Name: _____ Case #: _____ Date: _____

Referral Source/Contact: _____

Client Address: _____ Client/Sponsor ID# / SSN #: _____

_____ Agency Address: _____

Client Phone: (H) _____ _____

(W) _____ Agency Phone: _____Fax: _____

Parent/Guardian:_____ Agency Contact Person: _____

Emergency Contact Name/Phone: _____

Referred To:

Preferred Focus of Treatment: _____

Service(s)/Program(s) Requested:

( ) Individual counseling ( ) Case management

( ) Family counseling ( ) Developmental testing

( ) Group counseling ( ) Psychiatric assessment

( ) Substance abuse counseling ( ) Medication monitoring

( ) Medical examination _____

( ) Other: _____

_____

_____

Appointment(s) Will Be Scheduled by:

( ) Patient ( ) Clinician ( ) Customer service rep. ( ) Other: _____

Insurance Information:

Insurance Company: ___ Blue Cross/Blue Shield _ CHAMPUS/TriCare _ Medicare
___ Aetna ___ Cigna ___ Premier __ Health Partners
___ Magellan __ Cenpatico Other: _____

Policy/Account #: _____ Group Number: _____ Effective Date: __/___/___

Signature of Clinician: _____Date: _____/___/___