

5900 York Road Suite 203 Baltimore 21212

## Referral Form

Kindly provide the following via phone or email:

(240) 532-2365

Info@Adolaize.com

<sup>1</sup>Name: \_\_\_\_\_

<sup>2</sup>DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<sup>3</sup>Insurance Coverage:

- Medicaid/Medicare (MA) # \_\_\_\_\_
- CareFirst (Blue Cross/BS)  MedStar Family  UnitedHealthCare
- Optum/United Behavioral Health  Aetna  Cigna  TriCare
- Other \_\_\_\_\_ (or attach copy of card)

<sup>4</sup>Parent/Guardian: \_\_\_\_\_

Contact Info: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Informed:  Yes  Not Yet

<sup>5</sup>Referred for: (please indicate all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Therapy/Counseling:  | <input type="checkbox"/> In Office <input type="checkbox"/> In School |
| <input type="checkbox"/> Mood Instability     | <input type="checkbox"/> Anxiety Concerns                             |
| <input type="checkbox"/> Stress Management    | <input type="checkbox"/> Behavioral Concerns                          |
| <input type="checkbox"/> Anger Management     | <input type="checkbox"/> <b>SKILLS BUILDING GROUP</b>                 |
| <input type="checkbox"/> Grief/Loss           | <input type="checkbox"/> Coping Skills                                |
| <input type="checkbox"/> Family Stressors     | <input type="checkbox"/> School-related Stressor                      |
| <input type="checkbox"/> PRP Add-On Treatment | <input type="checkbox"/> _____  |

Resources:

- Group Home Resident
- Residential Facility Resident
- This awesome reason: \_\_\_\_\_
- \_\_\_\_\_

<sup>6</sup>Referred by: \_\_\_\_\_