

**Fax Referral Cover Page**

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| To: |  | From: |  |
| Fax: |  | Pages: |  |
| Phone: |  | Date: |  |
| Re: |  | Cc: |  |

**Referral Information:**

Patient's Name and DOB:

Former Counselor's Name, Employer, Phone Number, Date of Discharge:

Insurance Information:

Does the patient have any Criminal Sexual Conduct (CSC) charges or predatory offenses? (If yes, please explain below)

Ο NO Ο YES

Is the patient on a court commitment (full or stay-of commitment)? (If yes, please explain below)

Ο NO Ο YES

Additional Comments: