



FLORIDA

Inspiring hope. Empowering lives.

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REFERRAL FOR THERAPEUTIC SERVICES

Form with fields: DATE, CLIENT, LEGAL GUARDIAN, LEGAL GUARDIAN ADDRESS, INSURANCE, MEMBER/POLICY#, SOCIAL SECURITY #, CLIENT DOB, IS THIS CLIENT COVERED UNDER ANY OTHER INSURANCE?, PHONE, SCHOOL, GRADE.

REASON FOR REFERRAL:

Five empty rows for text input under the 'REASON FOR REFERRAL:' header.

SERVICES REQUESTED/NEEDED:

Form with checkboxes for: Individual therapy, Medication Management, Family Therapy, Psychiatric Evaluation/Medication Consult, CSEC Specific Services*, Telehealth (Therapy only).

Please scan completed referral to denright@devereux.org and nmcatee@devereux.org

Form with fields: Requested by, Date request sent, Insurance Verified, Therapist Assigned, Agency/Title, Date.