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Referral Form

Referral Guidelines

1. To refer a potential client, please complete this form and fax or scan and email it.
2. Understand that under HIPAA, confidentiality of services will be upheld.
3. Please fax medication list and relevant office visit information.
4. Questions? Call Lauren at 352-462-9484 ext. 202

Client Information

Name: _____ Today's Date: _____
DOB: _____ Address: _____
Phone: _____

Referral Information

Referral source/contact: _____
Phone No.: _____
Client Referred For: _____

Any relevant information:
(If screening tool used; eg. EPDS or PHQ9, please list score)

*A referral does not guarantee services. This referral is not intended to replace the services of a physician or psychiatrist, nor does it constitute a therapist client relationship. Referrals will be screened to ensure appropriateness. It is only after further discussion of the individual's specific situation, goals, risks and other relevant medical discussion that services may be provided.

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