



FLORIDA

Inspiring hope. Empowering lives.

120 E. New York Ave. Suite B, Deland, FL 32724
Phone (386) 738-5543 Fax (386) 734-8330

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.

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.