Chenal Family Therapy Referral Form

Referral Source Info:

1. Your Company

_____

2. Your Name

_____

3. Your Direct Phone Number

_____

4. Your Email Address

_____

5. Your Direct Fax Number

_____

6. Need Confirmation of Appointment?

- ○ Yes
- ○ No

Client Info:

7. Client Name

_____

8. Guardian Name (if different)

_____

9. Client DOB

_____

10. Client Phone:

_____

11. Client Email:

_____

12. Insurance Company (if known)

_____

13. Policy # (if known)

14. Requested Services (check all that apply):

- ☐ Individual Counseling
- ☐ Couples / Family Therapy
- ☐ Psych Testing
- ☐ Medication Management
- ☐ Consultation
- ☐ Other

Details

15. Preferred Locations (check as many as apply):

- ☐ West Little Rock
- ☐ North Little Rock
- ☐ Bentonville (NWA)
- ☐ Conway
- ☐ Bryant
- ☐ Hot Springs
- ☐ Cabot
- ☐ Jonesboro
- ☐ Fort Smith
- ☐ Heber Springs
- ☐ El Dorado
- ☐ DeQueen
- ☐ White Hall
- ☐ Harrison
- ☐ Texarkana
- ☐ Clinton
- ☐ School-Based (Indicate school below)

16. Do you have a preferred clinician or prescriber?

17. Presenting Problem / Diagnosis / Reasons for Referral

18. Supporting Documents (Face sheet, insurance card, client ID, required PCP referral for services, records, etc)

Explanation of attached files

19. What else do we need to know about this patient?