

Recco S. Richardson Consulting, Inc
810-394-7815 (Office)...810-732-6657 (Fax)

Referral For Services

Referring Agency Name: _____ Today's Date: _____

Referring Worker's Name: _____ Phone #: _____

Client Information

Name: _____

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Address: _____
Street
City
Zip

Home Phone # : _____ Work # : _____

Employer/School : _____

Insurance Coverage & Contract # : _____

<i>We Accept The Following Insurances/Payments</i>		
<i>Molina of Michigan Medicare Genesee Health Plan Total Health Plan</i>	<i>Health Plus State Medicaid CIGNA McLaren Health Plan</i>	<i>Wellness Blue Cross/Blue Shield Blue Care Network Self-Pay</i>

Referral Source

Self/Parent
CPS/Prevention
School

Foster Care
EAP/Employer
Court/Legal

Clergy
Local Agency
Physician

Services Needed

Indiv. Counseling Family Counseling Treatment Group

Preferred Therapist : Only Male Only Female No Preference

Should RSRC Provide Transportation : Yes No NA

Client's Current Symptoms/Problems : _____

Target Date For: Services To Begin _____ Services To End _____

Location Of Services : In Clinic In Home/School Either Other

RSRC Intake Staff Signature

Date