innovative
therapeutic services

Psychiatry Referral Form

Therapist Printed Name & Institution:_____

Therapist Signature: _____ **Therapist Contact #/Email:** _____

Referral Date: ____/____/_____ _____

Client Demographic Information

Client's Name: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____

Daytime Number: ( )_____ **Home/Other**: ( )_____

Date of Birth: ____/____/_____ **Social Security Number**: _____-____-_____

Race: ____ **Ethnicity:** _____ **Marital Status**: _____ **Gender**: _____ **Current Level of Education:** _____

Employment Status: _____ **# of Arrests in past 30 days:** _____

Veteran: YES/NO If yes, which war(s)? _____, _____, _____

Insurance Details

Insurance Type: _____ **Maryland Medicaid #:** _____

Primary Insurance Holder's Name and D.O.B.: _____

Private Insurance Group #: _____ **Private Insurance Member #:** _____

Custodial/Guardianship Information

Parent/Guardian Name: _____

- **Minor: Is the custodian the biological parent of the client?** YES NO N/A
- **Minor: Does the custodian have legal custody of the minor?** YES NO N/A
- **Adult: Does the client have a legal guardian appointed?** YES NO N/A

If parent does not have custody, please provide custodial information:

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Referral Information

Reason for Referral *(Client Needs and Presenting Issue)*

_____

_____

Preferred day/time of appointment: _____

Other Preferences: _____

Risk Assessment & Prior Treatment Questionnaire (*Please respond Yes/No/N/A*)

Suicide Risk: ___ **Danger to Self or Others:** ___ **Urgent/Critical Medical Condition:** ___ **Immediate Threat(s):** ____

Past Psychiatric Admission(s): ____ **Previous Outpatient Treatment**: ____

Previous/Current Outpatient Provider: _____ **Phone:** _____

AXIS I _____ **AXIS II** _____ **AXIS III** _____

LAUREL: 14440 Cherry Lane Ct, Suite 208, Laurel, MD 21740 | **OFFICE:** 301.604.1458 | **FAX:** 301.604.1459
HAGERSTOWN: 20 W. Washington St, Suite 503, Hagerstown, MD 21740 | **OFFICE:** 301.393.3949 | **FAX:** 301.745.3482
WEB www.innovativetherapy.org