



This referral form is for Insurance Staff use ONLY; Please use EFS CORE Referral Form for therapy treatment referral

Patient Intake / Referral Form Patient Demographics

Legal Name *

First Name

Middle Name

Last Name

Gender*

Male

Female

Date of Birth*

Insurance Number

Insurance Type

Social Security Number

Referred Patient is an Adult?*

Yes

No

Parent/Guardian*

First and Last Name

Relationship*

Address*

Address Line 2



City

State / Province

Postal / Zip Code

Phone Number*

Alternate Phone Number

Emergency Phone Number

Email

DFCS Case Manager

DFCS Case Manager Phone

DFCS Case Manager Email

County

Notes: