Behavioral Health and Wellness Solutions of CT, LLC
2911 Dixwell Ave. Suite 202B & 302, Hamden, CT 06518
Jessica Marshall, Owner Phone: 203.400.1881 Fax: 203.651.1462
Email: BEWELLCT@gmail.com

Client Referral Sheet

Date of Referral: _____/________/_______ *Place of Service: Office or Heal at Home*

Client Name: _______________________________________ DOB: ______/ _______/ ________

Client Address: ____

____

Client Phone: ( ) _______ - _____________ *Family Phone: ( ) _______ - __________*

Primary Insurance: ____________________________ ID#: _______________________________

Referral Source: _________________________________ Phone: ( ) _______ - __________

Does the client know that you referred them for treatment? Yes No

Do you want to be called with the initial intake date? Yes No

Relationship to client? ________________________ Release of information on file? Yes No

Reason for Referral: ____

____

Is the client mandated for treatment by: N/A The Courts DCF Probation Parole

If so, who is the contact person for the case? ____

Is it okay to leave a confidential message on your voicemail? Yes No

Do you have any safety concerns? ____

____

Primary Care Doctor: _____________________________ Phone: ( ) _______ - __________

Psychiatrist/APRN: _______________________________ Phone: ( ) _______ - __________

Diagnosis/ Medication List: ____

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To place a referral, please call Jessica Marshall, LCSW at 203.400.1884 and/or fax this form to 203.651.1462. We look forward to working with you. Cases will be assigned within 24 hours. Office Insurances accepted: Anthem, Husky, Medicare, Private Pay, case by case for other commercial insurance plans.