White Behavioral Consultants, P.C.
where the pieces come together

3840 Packard, Suite 270, Ann Arbor, Michigan 48108
2483 Linden Road, #40, Flint, MI 48532
Office - (734) 995-6755 Fax - (734) 557-3995
Email: changinglives@whitebehavioral.com

CLIENT REFERRAL FACE SHEET - Please print legibly and use black ink.

Date of referral: _____

Client Information:

Name:

DOB:

DOI:

Address:

Phone number:

Insurance Information: (Primary Funder)

Is auto insurance primary? ____Yes _____No

Provider:

Claim Number:

Address:

Phone: Fax:

Claims Adjuster:

Policyholder's name:

Guardianship Information (If applicable):

Name:

Address:

Phone:

Fax:

Email:

Case Management Services (If applicable):

Firm:

Address:

Case Manager:

Phone:

Fax:

Email:

Information on prescribing physician

Name:

Address:

Phone:

Fax:

Who should be contacted to arrange first appointment and what is best contact number?

Why is referral being made?

Is the client currently in litigation? Yes - No

In the space below, please provide any additional information to begin services (i.e., work, school, family of origin information.)

Please indicate which of the following documentation is being faxed with the referral.
(Please note: All items listed need not be submitted, but a prescription for services MUST BE PROVIDED in order to begin the referral process.)

_____ Release forms for authorizing communications between parties
_____ Prescription for behavioral therapy services
_____ Latest neuropsychological examination
_____ PM&R report (s)
_____ Therapy report(s)
_____ Case management report(s)
_____ Medical reports
_____ Vocational reports (for work comp claims)
_____ School reports
_____ Other: _____
_____ Other: _____

PLEASE FAX THIS FORM AND ANY RELATED DOCUMENTATION TO 734-557-3995