

Insightful Options, PLLC



Referral Form for Mental & Behavioral Health Services

The consumer below is seeking behavioral health services and their insurance requires a formal referral from the Primary Care Physician for services to be rendered.

Referral Source:

Facility: Facility NPI#: Facility Medicaid#: Facility Contact#:

Referring Physician:

Client Information:

NAME: SEX: D.O.B.: AGE:

METHOD OF PAYMENT: SELF PAY MEDICAID PRIVATE INSURNACE

Parent/Guardian Contact Information: (if applicable)

NAME:

ADDRESS:

WORK NUMBER: HOME NUMBER:

CELL NUMBER: BEST TIME TO CALL:

Reason for Referral: Mental Health Assessment/Therapy Substance Abuse Assessment/Therapy

- | | | |
|---|--|---|
| <input type="checkbox"/> Depressive Symptoms | <input type="checkbox"/> Easily upset/agitated/angered | <input type="checkbox"/> Bizarre thoughts/actions |
| <input type="checkbox"/> Unexplained fear/isolation | <input type="checkbox"/> Disruptive/Oppositional Behaviors | <input type="checkbox"/> Hearing voices |
| <input type="checkbox"/> Anxious/Excessive Worry | <input type="checkbox"/> Hyperactivity/impulsiveness | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Inability to focus/Distracted easily | <input type="checkbox"/> Trauma/Acute Stress |
| <input type="checkbox"/> Self Harm/Mutilation | <input type="checkbox"/> Paranoia/people out to get you | <input type="checkbox"/> Grandiose thinking |
| <input type="checkbox"/> Flight of Ideas | <input type="checkbox"/> Hallucinations (<i>Visual/Auditory/Olfactory</i>) | <input type="checkbox"/> Racing Thoughts |

Insightful Options, PLLC- Attending Provider _____ Telephone# _____

1409 East Blvd Charlotte NC 28203

Please fax this form to 704 969 7298 OR call to schedule an appointment at 704 492 1105