

REFERRAL FORM

GENERAL



IMPORTANT INSTRUCTIONS

We encourage you to visit our Intake Request page for up-to-date information about our availability for new clients. Referrals for therapy are welcome. Due to limited capacity, we are only able to provide psychological evaluations to children and teens referred by agencies that contract with us directly for these services.

We require that clients contact us directly to request an appointment. They can do this by calling our Intake Coordinator at (717) 422-6440 or filling out an on-line request form at <https://campbellpsychpa.com/intake-request/>.

By sending this form along with a release of information, we will be better able to serve the client as well as communicate with you about the referral. We will keep this form on-hand until the client contacts our office. Please don't hesitate to call with any questions.

Return completed form via fax to (717) 620-0536 or mail to 25 East North Street, Carlisle, PA 17013.

CLIENT

Name: _____

Date of Birth: _____ Identified Gender: _____

Town/City in which Client Resides: _____

CAREGIVER INFORMATION Not applicable

Caregiver Name(s): _____

Caregiver(s) Relationship to Child: _____

Is the caregiver the legal guardian of the child? Yes No Not sure

LANGUAGE

Is English the primary language of the youth? Yes No

Is English the primary language of the caregiver(s)? Yes No

If No for either: What is the primary language? _____

Can the individual speak and understand English fluently? _____

REASON FOR REFERRAL

*Please note that we only accept referrals for therapy.

OTHER SERVICES

If client currently has other mental health services in place, including medication management, please list them here:

INSURANCE (if known)

- Medical Assistance
- Highmark Blue Shield
- Tricare
- Other*: _____
- Capital Blue Cross
- Other Blue Cross/Blue Shiel
- UPMC Health Plan
- Geisinger
- Quest

****If you select other, the client will need to self-pay and seek reimbursement from insurance for out-of-network coverage***

REFERRAL SOURCE

Agency: _____

Contact Person: _____ Relationship to client: _____

Phone Number: _____ Email: _____

Best times to reach you: _____

Is a Release of Information attached to this referral, so that we can contact you about it? Yes No
(If youth is 14 or older, release must be signed by the youth)

Thank you!