



Referral Form

Thank you for referring to Cultivating Family Services. Before I can schedule an appointment, I need to collect basic information. This information you provide will be private and confidential.

Name: _____ DOB: _____

Address: _____

Phone: _____ OK to leave message: Y/N

How did you hear about us? _____

What concerns are you seeking help for? _____

What services are you looking for (individual, family, parenting support, diagnostic assessment) _____

Are you currently receiving mental health services? _____

If Yes, where and for what reason"? _____

If using medical insurance, the following information is needed:

Insurance Company: _____ Policy # _____

Group #: _____ Policy Holder Name: _____

Is there anything else you feel is important for us to know before you start therapy?

Referred By: _____