Changing Tree
Wellness Center LLC
Inspiring Change Empowering People

REFERRAL FORM

☐ **Kissimmee**
111 E. Monument Ave, Suite 332
Kissimmee, FL 34741
PHONE: 863.261.8900

EMAIL:
Susana@CTcentercares.com
FAX: 1-863-279-1156

☐ **Okeechobee**
1111 N. Parrott Ave
Okeechobee, FL 34972
PHONE: 863.261.8900

Date of Referral: _____

CLIENT INFORMATION (Please print):

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ Sex: M☐ F☐ D.O.B. _____ Race: _____

County _____ Home Address: _____ City: _____

Zip: _____ Parent/Guardian: _____

Phone: _____ Work: _____ Cell: _____

Bilingual Needed: Yes☐ No■ Language: _____

School: _____ Grade: ____ ESE: Yes☐ No☐

LIST OF MEDICATION(S): _____

_____

CURRENT TREATMENT:

PREVIOUS TREATMENT:

PRIMARY REASON FOR REFERRAL: e.g. School Anxiety, Depression, Bullying, Noncompliance, Stealing, Substance Abuse, Trauma, Verbal Aggression, etc.

SERVICES REQUIRED: e.g. Individual Therapy, Group Therapy, Case Management, Mentoring, Psychiatric Evaluation, etc.

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INSURANCE COVERAGE

EMAIL:
Susana@CTcentercares.com
FAX: 1-863-279-1156

Please list ALL insurance coverage for the client being referred:

Funding Information (Check all that apply)	**X**	**Details**	**Insurance ID#**	**Therapist**
Medicaid			**Comments:**	
United Healthcare				
BCBS				
TANF				
Other (Specify)				
NO INSURANCE (May be eligible for FSPT)				
Self-Pay				

I understand that I must disclose all insurance coverage. If failure to disclose results in denied claim, I will be financially responsible. _____
Signature of parent/caregiver

Referral Source Information: (Please Print)

Name: _____ Agency: _____

Email: _____ Phone: _____

Fax: _____ Requested Therapist: _____

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Confidential & Privileged Information for Professional Use Only