



DATE \_\_\_\_\_

REFERRAL SOURCE (AGENCY/PERSON) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CLIENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_  
SOC. SEC. # \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
CLIENT ADDRESS \_\_\_\_\_  
HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ OK TO LEAVE MESSAGE? (CIRCLE) YES/NO  
MOBILE PHONE (\_\_\_\_\_) \_\_\_\_\_ OK TO LEAVE MESSAGE? (CIRCLE) YES/NO

BILLING INFORMATION  
PRIMARY INSURANCE COMPANY \_\_\_\_\_  
POLICY # \_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
NAME OF INSURED \_\_\_\_\_ MAINECARE # \_\_\_\_\_  
DOES CLIENT HAVE ANY OTHER FORM OF INSURANCE? YES/NO IF YES PLEASE INDICATE COMPANY AND POLICY#  
\_\_\_\_\_

WHAT IS THE HIGHEST GRADE COMPLETED? POSTSECONDARY EDUCATION? \_\_\_\_\_  
CURRENT OCCUPATION/STUDENT STATUS \_\_\_\_\_

HAS CLIENT BEEN ARRESTED IN LAST 30 DAYS? YES/NO IF YES, LIST CHARGES \_\_\_\_\_

CURRENT LEGAL CONCERNS (CHECK ALL THAT APPLY)  
\_\_\_ PROBATION \_\_\_ BAIL/PAROLE \_\_\_ OUI \_\_\_ PROTECTION ORDER \_\_\_ COURT PENDING \_\_\_ OTHER LEGAL  
CONCERN(S): \_\_\_\_\_  
ATTORNEY (IF APPLICABLE) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ OFFICE PHONE (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ MOBILE PHONE (\_\_\_\_\_) \_\_\_\_\_

REASON(S) FOR REFERRAL (CHECK ALL THAT APPLY)  
 INDIVIDUAL THERAPY  FAMILY THERAPY  GROUP THERAPY  COUPLES THERAPY  
 MEDICATION ASSISTED TREATMENT (SUPPORTIVE PSYCHOTHERAPY)  TELEHEALTH  SUBSTANCE ABUSE TREATMENT

BRIEF DESCRIPTION OF PROBLEM (ATTACH SEPARATE SHEET IF NECESSARY. PLEASE FORWARD MEDICAL & BEHAVIORAL INFORMATION, COURT REPORTS, SOCIAL SUMMARIES, PREVIOUS EVALUATIONS, ETC.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN YOUR CLINICAL OPINION DOES CLIENT MEET OUTPATIENT LEVEL OF CARE \_\_\_ YES \_\_\_ NO IF NO, FURTHER CONSULT REQUIRED

**PLEASE FAX ROI, INTAKE, & REFERRAL FORMS TO 844-368-9004 OR MAIL TO 405 WESTERN AVE #301 S PORTLAND ME 04106**