Journey's Edge Counseling, LLC

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Phone: 973-832-0869 | Secure Fax: (973) 695-1381 | Secure Email: admin@journeysedgecounseling.com

CLIENT REFERRAL FORM

REFERRING PROVIDER INFORMATION

Referring Provider Name

Practice / Organization

Phone

Fax

Email

CLIENT / PATIENT INFORMATION

Client Full Name

Date of Birth

Client Phone Number

Insurance Provider (if applicable)

Insurance Member / Policy ID

Emergency Contact (Name & Phone)

CLINICAL SUMMARY

Services Requested (check all that apply):

- ☐ Individual Therapy
- ☐ Substance Use Evaluation
- ☐ Co-Occurring Disorder Treatment
- ☐ Family / Couples Therapy
- ☐ Diagnostic Evaluation
- ☐ Drug / Urine Screening

Reason for Referral / Presenting Symptoms

Additional Notes / Relevant History

HOW TO SUBMIT THIS FORM

To Fax: Fax completed form to (973) 695-1381.

To Email: Email completed form to admin@journeysedgecounseling.com.

This form may contain protected health information (PHI). Please transmit only via secure fax or secure email.